



CO0030

Informed Consent For Intravenous Contrast Injection

Your doctor has referred you to us for a special study called

As with many medical procedures, it carries some risks, though they are minimal. Your doctor is aware of these risks and has determined that the benefit in diagnostic information which may be obtained, greatly outweighs the small potential risk of the procedure.

A solution containing an iodine compound will be injected into your blood stream. This solution will be removed from the blood by your kidneys and excreted into the urine. After the injection, you may have a feeling of warmth and/or develop a metallic taste in the mouth. This passes very rapidly. Occasionally, a patient develops hives following the injection. This condition clears rapidly with antihistamines. More serious complications, such as cardiac arrest and fatality are extremely rare. We are aware of the possible complications, and emergency personnel, equipment and drugs are readily available if necessary.

Please check () if you have a history of any of the following:

- | YES | NO | |
|-------|-------|--|
| _____ | _____ | Asthma |
| _____ | _____ | Previous reaction to contrast injection |
| _____ | _____ | Diabetes mellitus (if yes, do you take a medication called Glucophage) _____ |
| _____ | _____ | Cardiac disease |
| _____ | _____ | Kidney disease |
| _____ | _____ | Multiple myeloma (bone cancer) |
| _____ | _____ | Sickle cell anemia |
| _____ | _____ | Hayfever |
| _____ | _____ | History of any severe allergic reaction (if so, what?) _____ |

What is your age? _____ Do you have an advanced directive? _____

I have read and understood the above, and give my consent to have the procedure performed.

Patient / Parent / Guardian / Conservator

Date/Time

Witness

Date/Time