CONSENT FOR CONTRAST MATERIAL INJECTION

Your doctor has scheduled you for an x-ray examination that requires injection of contrast in your bloodstream. As you know, an x-ray is a picture of what is inside you. The agent (also termed contrast media, or contrast material or "x-ray dye") shows up white on x-ray film or C.T. scan images and helps the radiologist interpret the x-rays or C.T. scans.

The contrast media is given through a small needle (catheter) placed into a vein, usually on the inside of the elbow or on the back of your hand. Normally, contrast medial is considered quite safe; however, any injection carries a slight risk of harm including injury to the nerve, artery, or vein, infection or reaction to the material being injected. Occasionally, a patient will have a mild reaction to the contrast agent and develop sneezing and/or hives. The physicians and staff of Medical Diagnostic Imaging are trained to treat these reactions. Very rarely, death has occurred related to contrast administration; the risk of severe consequences is similar to that from the administration of Penicillin.

We use only a low osmolar nonionic contrast, which has a much lower incidence of reactions than the more commonly used high osmolar ionic agents; however, these newer agents are not absolutely free of reactions.

If you have any questions, please ask the x-ray technologist or the attending radiologist.

1. Have you had I.V. contrast before? ( ) Yes ( ) No
   a. If yes, any problems/reactions?
      (Please describe)_____

2. Do you take Glucovance or Metformin? ( ) Yes ( ) No

3. Are you Diabetic? ( ) Yes ( ) No
   a. Do you take insulin? ( ) Yes ( ) No
   b. Do you take Glucophage ( ) Yes ( ) No

4. Do you have any known allergies? ( ) Yes ( ) No
   (Please describe)_____

5. Do you have a history of kidney disease? ( ) Yes ( ) No
   (Please describe)_____

6. Are you currently taking Coumadin or other anti-coagulant? ( ) Yes ( ) No

7. Female patients: Is there any chance you may be pregnant? ( ) Yes ( ) No
   Are you breast-feeding? ( ) Yes ( ) No

8. Do you suffer from any of the following condition?

( ) Diabetes
( ) Multiple Myeloma
( ) Recent Heart Attack
( ) Cardiac Arrhythmia
( ) Endocarditis
( ) Asthma
( ) Emphysema
( ) Renal Failure
( ) Thalassemia
( ) Sickle Cell Anemia
( ) Pulmonary Hypertension
( ) Cardiac Related Chest Pain
( ) Heart Failure
( ) Acute Respiratory Failure
( ) Other Chronic or Debilitating condition
_____

I have read the above information and have had my questions answered.

Signed_____ Date_____

Print Name_____ Witness_____