



CONSENT FOR CT SCAN

Name: _____ Date: _____

Your doctor has asked that a CT scan be performed using intravenous contrast material. This is an iodine containing solution that aids in the visualization of your organs and blood vessels, which helps in the diagnosis of pathology in various parts of your body. In order for us to administer this "dye" you must be informed of the possible risks involved.

I have read the above and understand it all.

After injection of the intravenous contrast, most patients feel a sensation of warmth, a funny metallic taste in their throat, transient nausea and a feeling of warmth in the groin. Some patients develop hives and itching, but this is self-limited and rarely needs to be treated with antihistamines. 1 in 500 patients may develop a severe reaction and 1 in 5,000 may have a life threatening reaction, all of which may have to be aggressively treated with medications. These reactions may involve; tightness in the throat; facial swelling; difficulty breathing; drop in blood pressure or even seizure. Generally speaking, intravenous contrast is extremely safe and well tolerated and these reactions are rare.

I have read the above and understand it all.

This attached questionnaire will help us to decide other issues concerning the contrast material, including whether or not you should have it at all. If you have any questions, you will be able to speak to the supervising radiologist. When your questions have been answered or if you do not have any questions, please sign the form below.

I have read the above and understand it all.

PATIENT SIGNATURE: _____ DATE: _____

WITNESS: _____

INTERPRETER: _____

RADIOLOGIST: _____

PHYSICIAN ASSISTANT: _____