

Consent Form for Contrast Examination CT

Must be signed by patient or parent/guardian

Your referring doctor has ordered a Computed Tomography (CT) examination with IV contrast that will involve the injection of intravenous contrast material into your body via a small needle in your arm or hand. The contrast is clear, and your body will naturally discard it through your kidneys, which is why your doctor ordered the blood test to determine their level of functionality prior to this test. The contrast will allow your doctor to see vital diagnostic information.

Some possible side effects of the contrast may include but are not limited to: metallic taste in your mouth, nausea, vomiting, itchiness, runny nose, hives, sneezing, clammy palms, feeling hot or flushed. More rare and serious side effects include but are not limited to: chest pain, kidney failure, low blood pressure, and difficulty breathing. Please be aware your healthcare team are skilled professionals who are trained and fully equipped to intervene should any side effects occur. The risk of any one scan is very small.

Your ordering doctor is aware of the risks involved and believes that the insight they can gain from the diagnostic imaging outweighs the minor risk of complication.

We have also done a complete metabolic panel of your blood to determine if your kidneys can handle the dye by testing your creatinine levels. If your doctor is proceeding with this test with contrast, that means your creatinine was at a safe enough level to handle the dye.

This examination has been explained to me in a way that I can understand. I have read the above information, and I am aware of any possible risk and all my other options. All my questions or concerns have been addressed in a way I am happy with. I give my consent to injection of intravenous contrast.

Parent or legal guardian only to sign if patient is under the age of 18.

Patient Name (PRINT) Date Time

Patient Signature Date Time

Legal Guardian Signature Date Time

STAFF USE ONLY

- Did the patient understand what they were consenting to? YES / NO
- Did the patient give consent verbally? YES / NO

Front Office Signature: _____ Date: _____ Time: _____

Technologist Signature: _____ Date: _____ Time: _____

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