



## CT Consent for Contrast Material Injection

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PATIENT IDENTIFICATION

Your physician, \_\_\_\_\_ M.D. has referred you for \_\_\_\_\_ procedure. This procedure will be performed by \_\_\_\_\_ MD.

This is a procedure that requires injection of a contrast agent into your bloodstream. The contrast agent is an organic iodine compound that is clear in color but white on x-rays. This property enables better selective visualization of the internal structures. The contrast agent is given through a small needle placed in a vein, usually on the inside of your elbow or the back of your hand. This solution circulates through the body and is excreted by the kidneys. It allows the urinary tract and other important body organs to be seen on x-rays. Soon after the injection is made, you may experience a warm flush sensation, probably first in your head, chest and face, and then in other parts of your body. This sensation will rapidly fade away and not recur.

Contrast agents are considered quite safe and have been in use for many years, but any injection carries with it some risk.

These risks include the following:

- Infection (very rare)
- Nausea/Vomiting
- Mild reaction, which consists of sneezing or hives
- Serious Reaction, which consists of severe hives, localized swelling of the eyes and lips, and difficulty breathing (very uncommon). The physicians and staff are trained to recognize and treat these reactions.
- Death (extremely rare—one case in every 40,000)

Some patients are at a higher risk for contrast agent reactions. These patients might have an allergic history, severe lung or heart disease, sickle-cell anemia, kidney disease, multiple myeloma (a type of bone marrow tumor), polycythemia, pheochromocytoma or diabetes. If you believe that you are in one of the above categories, please notify the radiologist or technologist. Please also inform us of any medications that you are currently taking.

We emphasize the long safety record of contrast agents. When used in the appropriate medical setting, they may provide essential information to your physician. (Your physician is aware of the remote possibility of a complication and feels that the diagnostic information obtained outweighs the minimal risk of the procedure.) You should feel free to ask the radiologist or your personal physician why you are having this procedure. If you are pregnant or think that you may be pregnant, please let us know.

I have read the above information, have had my questions answered and agree to proceed with the procedure. I understand that there is no guarantee that a complication will not occur.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Print Patient or Guardian Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date