



**PLEASANTON**  
DIAGNOSTIC IMAGING

***Intravenous Contrast – Consent Form***

Patient Name: \_\_\_\_\_

You will receive an intravenous injection of a contrast agent **Gadolinium** (the "Contrast Agent") in conjunction with the diagnostic procedure \_\_\_\_\_ (the "Procedure") to be performed by Pleasanton Diagnostic Imaging (the "Center"). The benefit of the Contrast Agent is to provide your physician with additional diagnostic information to assist him/her in either (1) diagnosing the existence of or absence of a medical condition, or (2) the treatment of a medical condition. You have the right to be informed of the risks, benefits and nature of the Procedure and any alternative procedures. Please read this form carefully and ask any questions you may have before you decide whether to give your consent for the Contrast Agent administration. IF YOU ARE BREASTFEEDING OR THERE IS ANY CHANCE YOU MIGHT BE PREGNANT, PLEASE INFORM THE TECHNOLOGIST BEFORE THE PROCEDURE BEGINS.

*Potential Risks of Intravenous Contrast:* Although intravenous Contrast Agents have been used safely in millions of cases, minor reactions, principally nausea, vomiting, headache, dizziness, sneezing, overall warm sensation, unusual taste in the mouth, and/or swelling or discomfort near the injection site have been reported. Reactions that are considered rarer would be chest pain, tissue swelling, and hives. Allergic reactions can vary greatly in the degree of seriousness and although not likely, a more complicated allergic reaction could lead to impaired kidney function, cardiac or respiratory problems, and in extremely rare cases life-threatening reactions. If one of the more serious allergic reactions occurs, all necessary and indicated medical assistance/support will be provided, including the administration of an antihistamine drug or other medications to relieve symptoms. Every effort will be made to minimize these risks by staff obtaining a thorough medical history and reviewed by the supervising physician.

*Alternatives to Intravenous Contrast:* Alternative imaging procedures are available; however such procedures may not produce the same diagnostic result achieved by utilizing intravenous Contrast Agents. If you have any questions regarding alternative procedures, please ask to consult with the supervising physician of the Center.

*Acknowledgement:* By signing this form, you agree that you (1) have read and understood the information in this form, (2) have been verbally informed about the administration of the Contrast Agent, (3) have had an opportunity to ask questions and have received all the information you desire concerning the Contrast Agent, (4) understand the potential risks, benefits, and alternatives of the Contrast Agent, (5) have been informed that you may revoke your consent at any time without affecting future treatment, and (6) consent to and authorize the Center to administer the Contrast Agent in connection with the Procedure.

\_\_\_\_\_  
Patient or Legal Representative Signature      Print Name and Authority (if legal representative)      Date

\_\_\_\_\_  
Witness or Interpreter Signature      Print Name      Date

