

CONTRAST CONSENT FORM

INFORMED CONSENT FOR INJECTION OF INTRAVASCULAR X- RAY CONTRAST AGENT FOR SPECIAL X-RAY STUDIES

ARE YOU ALLERGIC TO DYE (USED FOR KIDNEY AND/ OR HEART STUDIES)? YES NO

HAVE YOU HAD X - RAYS OF ANY TYPE RECENTLY? YES NO

PROCEDURE DESCRIPTION

THIS IS TO VERIFY THAT YOUR DOCTOR HAS REQUESTED A SPECIAL X-RAY STUDY FOR YOU THAT IS PERFORMED BY A RADIOLOGIST AND REQUIRES THAT A SOLUTION IS INJECTED INTO YOUR VEIN TO HELP DIAGNOSE POSSIBLE PROBLEMS. THE SOLUTION IS CALLED X- RAY CONTRAST.

RISKS

MOST PATIENTS EXPERIENCE NO UNUSUAL SIDE EFFECTS OR COMPLICATIONS FROM THE X- RAY CONTRAST INJECTION. HOWEVER, AS WITH ANY MEDICAL PROCEDURE SOME RISK IS INVOLVED. DURING INJECTION OF THE X-RAY CONTRAST, YOU MAY FEEL A WARM SENSATION OR NAUSEA. SOME PATIENTS HAVE AN ALLERGIC TYPE REACTION WITH ITCHING AND/OR HIVES, SWELLING OF THE EYES AND LIPS, SNEEZING, OR DIFFICULTY BREATHING. MEDICATION WILL BE ADMINISTERED TO YOU IF THESE CONDITIONS OCCUR.

IN RARE INSTANCES, MORE SERIOUS COMPLICATIONS OCCUR, INCLUDING SHOCK, KIDNEY FAILURE, AND CARDIAC ARREST. SHOULD ANY OF THESE REACTIONS OCCUR, IMMEDIATE MEDICAL ATTENTION MIGHT BE NECESSARY, INCLUDING POSSIBLE SURGERY. ALTHOUGH NOT LIKELY, PERMANENT DAMAGE TO YOUR HEALTH IS POSSIBLE. FATAL COMPLICATIONS ARE RARE WITH THIS PROCEDURE.

YOUR DOCTOR IS AWARE OF THESE POSSIBLE COMPLICATIONS, BUT HAS DETERMINED THAT THE DIAGNOSTIC INFORMATION PROVIDED BY THIS PROCEDURE OUTWEIGHS THE RISKS INVOLVED.

COST INFORMATION

THERE ARE TWO TYPES OF X-RAY CONTRAST AGENTS AVAILABLE FOR THE PROCEDURE. THIS FIRST TYPE IS IONIC (LESS EXPENSIVE) AND THE SECOND IS NONIONIC (MORE EXPENSIVE, WITH FEWER ADVERSE SIDE EFFECTS). THE U.S. FOOD AND DRUG ADMINISTRATION HAVE APPROVED BOTH TYPES. HOWEVER, WE USE ONLY THE NON-IONIC AGENT FOR THE TYPE OF PROCEDURE YOUR DOCTOR HAS REQUESTED. THIS IS BECAUSE OF THE DECREASED RISK OF ANY ADVERSE REACTION, AND THE INCREASED SAFETY AND COMFORT FROM THE NONIONIC CONTRAST. YOUR HEALTH INSURANCE POLICY MAY NOT COVER THE ADDED COST OF THE NONIONIC AGENT, IN WHICH CASE, THE COST COULD BE YOUR RESPONSIBILITY.

PATIENT CONSENT

MY DOCTOR HAS DISCUSSED WITH ME THE NEED FOR THE PROCEDURE DESCRIBED AND ITS IMPORTANCE FOR MY CARE. I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK PERTINENT QUESTIONS AND ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I THEREFORE AUTHORIZE 1960 DIGITAL IMAGING/I IMAGING AND WHOMEVER THEY MAY DESIGNATE AS THEIR AGENTS OR ASSISTANTS TO PERFORM THE PROCEDURE DESCRIBED ABOVE USING NONIONIC CONTRAST AGENTS, AND RENDER ANY FURTHER CARE AND TREATMENT WHICH MAY BECOME NECESSARY IN THE COURSE OF HAVING THIS PROCEDURE.

PATIENT SIGNATURE

WITNESS SIGNATURE

TIME