

## CONSENT FOR CT SCAN CONTRAST

Your physician has scheduled you to have a CT Scan, a commonly performed study that will provide diagnostic information. There are possible complications from the intravenous injection of contrast material that consists of an iodinated solution, which will enhance visualization of the areas of interest. There are potential complications, which are quite rare. Occasionally nausea, vomiting, itching, infection, thrombophlebitis or hives may occur. Very rarely an anaphylactic attack or a fall in blood pressure can occur and medical intervention may be required to treat these conditions. Although extremely rare, a fatal reaction has occurred. Your physician is aware of these risks and believes the information, which the test may give, outweighs the potential complications.

I have been made aware and acknowledge that the practice of medicine is not an exact science and that no guarantees or assurances have been made to me as to any of the results or risks. I thereby consent to the injection of contrast material and the use of other medications, which may be judged necessary by the physician. Should any complications occur during the procedure, I consent to the necessary medical or surgical actions required for its corrections.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Technologist Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Technologist Signature:**

\_\_\_\_\_

## CONTRAST REFUSAL

I refuse to have the injection of iodine contrast.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Technologist Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Technologist Signature:**

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