CONSENT FOR CT IODINATED CONTRAST

CT CONTRAST EXAM SUPPLEMENT FORM

This is a basic screening questionnaire to ensure the safe administration of IV iodine contrast. The use of iodinated contrast enables us to see anatomical structure in more detail. New regulations in the insurance industry require us to justify the medical necessity for the use of LOCM (Low Osmolar Contrast Media). LOCM are safer than ionic contrast media. Minor risk of contrast reaction can occur with some medical conditions. Please review the following medical conditions carefully and check mark the condition(s) that may apply to you. We require a signature prior to use the contrast agents ordered by your doctor.

Allergic to **IODINE**, seafood, or shellfish Yes_____ No_____

Allergic to **Latex** Yes _____ No _____

List **ALL allergies** due to medications and environment to the best of your knowledge _____

_____

□ Multiple Myeloma
□ Sever Lung problem
□ Sickle Cell anemia
□ Cardiomyopathy (Enlarged heart)
□ High blood pressure □ Hypertension
□ History of Kidney disease/failure
□ Anemia □ Thalassemia

□ Pheochromocytoma
□ Asthma, COPD
□ Congestive heart failure
□ Angina, poorly controlled
□ Hyperthyroidism
□ History of cancer in yourself
□ Sickle Cell

□Heart disease, Specify _____

□History Renal (Kidney) disease, Specify _____

□Do you or have you ever smoked
□Weight loss, unintentional

□Debility, lethargy, weakness
□Currently breast feeding

Diabetic Patients: If you are currently taking any of the following medications:

□METFORMIN □GLUCOPHAGE □GLUCOVANCE
□FORTAMENT □METAGLIP □AVANDARMENT

You must suspend the use of these medicines for 48 HOURS after this test.
You risk serious kidney injury if you do not follow these instructions.

_____ _____
Your signature Date

_____
Printed Name

_____
Technologist Signature