

**Consent For Contrast Material Injection**

Your physician has scheduled you for an x-ray examination that requires an injection of a contrast agent into your bloodstream. This contrast agent or x-ray helps the Radiologist interpret the films.

The contrast material is injected through a small needle placed into a vein or artery. Normally, contrast material is considered quite safe, however, any injection carries a slight risk of harm including infection, injury to a nerve, artery, vein, or reaction to the material being injected. Occasionally, a patient will have a mild reaction to the contrast material and develop sneezing or hives. The incidence of a serious reaction ( such as anaphylatic shock or impaired renal function), is only about 4 out of every 10,000 exams performed. In extremely rare cases, death has occurred. (Reports vary from 1 in 10,000 to 1 in 140,000 exams performed.)

Certain patients are at higher risk for experiencing a reaction to the contrast material. In order to help us determine your risk factor, please answer the following questions:

	YES	NO
1. Have you ever had a reaction to contrast material (x-ray dye)?	_____	_____
2. Do you have multiple myeloma?	_____	_____
3. Do you have sickle cell disease?	_____	_____
4. Do you have a history of kidney problems (renal failure)?	_____	_____
5. Have you had a recent heart attack?	_____	_____
6. Do you have a history of allergies? Seasonal? _____ Food? _____ Medications? _____	_____	_____
List all allergies to medications _____		
7. Do you have an allergy to iodine or shellfish? (shrimp, crab, lobster, etc.)	_____	_____
8. Do you have asthma?	_____	_____
9. Do you have high blood pressure?	_____	_____
10. Do you have diabetes?	_____	_____
11. Do you take any of the following medications: Metformin, Glucophage, Glucophage XR, Fortamet, Riomet, Oral Solution, Avandamet, Actopluc Met, Glucovance, or Metaglip?	_____	_____
12. Do you take medication? If so, please list medications _____	_____	_____

After the determination of your risk factor, we will ask for your signature below. If you have any questions, please ask the technologist and physician at this time before signing.

Statement: I have read the above information and understand that there are risks involved in contrast administration. I have had my questions answered and give my consent for the administration of contrast material for this examination.

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

\_\_\_\_\_  
 Patient Name (please print):

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
 Technologist/Witness: