

IV CONTRAST CONSENT FORM

The use of IV contrast is relatively safe, but as with any drug, the risk of an allergic reaction is always possible. Possible reactions include: fever, nausea, vomiting, rash, diarrhea, hypertension, breathing problems, shock and in 1 in 100,000 patients (0.001%), could result in death.

Your answers to the following questions will ensure we keep these risks to a minimum.

- Are you pregnant or breast-feeding? Yes No
- Have you ever had intravenous contrast for a CT scan, angiogram or kidney x-ray (IVP)? Yes No
- If yes, did you have any problems with this injection? Yes No
- Are you allergic to any foods or medicines? Yes No

Allergy:

- Do you suffer with asthma? Yes No
- Do you regularly take any medication? Yes No

Medication:

- Do you have a thyroid disorder? Yes No
- Do you have a kidney disorder? Yes No
- Are you diabetic? Yes No

Please indicate if you are taking any of the following medications
 Diabex, Glucomet, Diaformin, Glucohexal, Glucophage, Novo-met, Metformin
 , Glucovance, Formet, Avandia

- I understand that I need to wait at the clinic here **for 10-15 Minutes** after the IV contrast has been completed. Yes

In an emergency situation, it may be necessary for you to be transported by ambulance or be given medical treatment. Your signature acknowledges permission for GIG to carry out treatment deemed necessary.

I, _____ (full name) agree to receive an injection of intravenous contrast and any treatment deemed necessary in an emergency situation.

Signed: _____ Date: / / For _____

staff use only: