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## CT IMAGING PATIENT SCREENING/ CONSENT FORM

Please answer the following questions about your	medical history. Read and sign the consent form.
If you have any questions, speak to a technologist before signing the consent.	
01. Are you allergic to any medications?	☐ Yes ☐ No
02. Are you allergic to any foods or other substances?	☐ Yes ☐ No
03. Have you ever experienced a rash, hives or difficulty breathing	ng,
from IV contrast (dye) used for CT scans?	☐ Yes ☐ No
04. Have you had any studies with contrast (dye) in the last 48 h	ours? Yes No
05. Do you have asthma?	☐ Yes ☐ No
06. If yes, do you use a daily inhaler?	☐ Yes ☐ No
07. Do you have kidney failure?	☐ Yes ☐ No
08. Are you diabetic currently taking Metformin based medication	on? Yes No
09. For female patients, are you pregnant or could you be pregna	ant? Yes No
When is the last time you ate or drank?	
CONSENT FOR CONTRAS	T MATERIAL INJECTION
Your doctor has scheduled you for a CT examination that requires an inj called contrast media, contrast material or X-ray dye assists the radiologist	
contrast media is considered quite safe. However, an injection carries slig infection or reaction to the material being injected can also occur. Occasion sneezing or hives. Uncommonly (one case in a thousand) a serious reaction reactions. Very rarely (1:100,000) death has occurred related to contrast administration of penicillin.	onally, a patient will have a mild reaction to the contrast agent or develop in to the contrast occurs. Our physicians and staff are trained to treat these st administration. The risk of a severe consequence is similar to that of
Certain patients are at a higher risk for experiencing a reaction to the contra "non-ionic" contrast, which appears to have a lower incidence of reaction serious ones.	
Patients who are at higher risk for adverse effects of contrast are	patients:
Who have already had a moderate or severe "allergic-like" react hospital treatment.	
* With severe allergies or asthma currently receiving drug treatm	nent
❖ With severe kidney failure, particularly caused by diabetes	
If you believe you are in one of the above categories, or have any	questions, please notify or ask the technologist or radiologist.
I have read the above information and had my questions or conce	rns answered.
Consent obtained by:	
TECH USE ONLY: Creatinine:eGfr: If kidney failure/diabetic on metformin- creatinine/eGfr within 6 months	Patient Signature :
Ominpaque 350 used ml ml discarded	Patient Name :
IV size/location	

Date/Time