



CT CONSENT FOR CONTRAST

Your doctor has scheduled you for an X-Ray or CT examination that requires an injection of contrast agent into your blood stream. An X-Ray or CT is a picture of what is inside you. Contrast shows up white on images and helps the Radiologist see abnormalities that might not otherwise be visible and generally helps with scan interpretation. The contrast is a compound containing the element iodine. The contrast used at Santa Fe Imaging is Ultravist.

The contrast media is given through a small needle placed into a vein, usually on the inside of your elbow or on the back of your hand. Contrast media is considered quite safe; there is however a small risk of harm, including injury to a nerve, artery or vein, infection or reaction to the material injected.

Minor reactions include nausea, sneezing, dizziness or mild hives (2.5%). Moderate reactions include vomiting, hives, swelling, headache, hypertension and shortness of breath (1.2%). Very rarely, severe life threatening allergic reactions occur (less than .01%). The Physicians and staff of Santa Fe Imaging are trained to treat these reactions. In very rare instances, even with immediate, appropriate treatment, death can occur. The risk of death is 1 out of 130,000 patients. The risk of severe consequences is less than that from penicillin administration.

❖ Have you ever had a reaction to any contrast material given for X-Ray or CT? YES NO

If YES, please explain: _____

❖ Are you Diabetic? YES NO Do you take Glucophage (Metformin)? YES NO

If you answered YES to this question, the technologist will provide you with some important information with regards to your medication.

❖ Do you have sickle cell disease, other hemoglobinopathy, multiple myeloma, polycythemia or pheochromocytoma? YES NO

If YES, please explain: _____

❖ Are you pregnant or breast feeding? YES NO

❖ Do you have Asthma or severe allergies? YES NO

❖ Do you have heart or kidney disease? YES NO

If YES, please explain: _____

❖ Do you have lupus or any other collagen-vascular (auto-immune) disease? YES NO

If YES, please explain: _____

NAME / DATE: _____

SIGNATURE: _____

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