ARA Pooler Imaging

Informed Consent for Computed Tomography Scan with IV contrast

Patient Name: _____ DOB: _____

Your physician has requested that we perform a computed tomography (CT) scan. This is a diagnostic test that uses x-ray and a computer to produce images of the body.

For your study we need to inject you with a contrast material. This allows detailed evaluation of the vessels and organs to determine any possible pathology or abnormality. The contrast material is injected through a small needle placed into a vein, usually in the arm or hand.

Contrast material is widely used and considered safe; however, with any injection comes a very small risk of harm. Rarely, if the injection leaks out of the vein painful swelling and blisters can result. Other risks can include injury to a nerve, artery, vein, infection, or allergic reaction. Minor allergic reactions occur in the form of itching, sneezing, hives, or wheezing. Other symptoms such as localized swelling of the eyes and lips, difficulty in breathing may occur. Even though it is extremely rare, medical statistics indicate that a fatality may occur from the injection of contrast. We have medication at hand to treat these conditions if they occur.

During the injection, you may experience a warm sensation and a metallic taste. You may also experience nausea but this is much less frequent.

The benefit of this exam is to assist your physician with making a diagnosis. Alternatives to this procedure could include nuclear medicine, x ray studies, ultrasound, or angiography.

I understand that the physicians and staff at ARA Pooler Imaging will rely on statements about my medical history in determining whether to perform this procedure or any course of treatment. By signing this form, I acknowledge that I have read and/or it has been explained to me. I have been given the opportunity to ask questions about my condition, alternative forms of treatment, procedures used and the risk and hazards involved. I understand its contents and have sufficient information to give this informed consent.

_____ _____ _____

Patient Signature Relation to Patient Date

_____

Witness Date and Time