

HAZLETON IMAGING

Date of Birth: _____

Referring Physician: _____

Contrast Consent Form

Exam: CT ABDOMEN W/WO PELVIS W (74170)(72193)

Technologist: _____

Clinical: _____

History: _____

Your procedure today requires the use of an injection of contrast material. We use non-ionic contrast. This material is injected intravenously and contains iodine. However, the non-ionic contrast has proven to be more tolerable for the patients than the previously used ionic ones. Some reactions such as nausea, vomiting, change in blood pressure, skin rash, or other more severe reactions may occur but are uncommon with the non-ionic contrast material.

Some insurance companies do not always cover all or even part of this product. We will charge only for the amount used in your procedure.

I have read the above statement regarding non-ionic contrast and give consent for the use of contrast during my procedure. All of my questions regarding contrast and potential reactions have been answered to my satisfaction.

I understand that I am financially responsible for the cost of the contrast even if my insurance denies all or part of the charge.

Yes No Have you ever had x-ray contrast?

OFFICE USE ONLY

Contrast Used _____ IV: _____

Total Intake PO _____

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature (Parent or Guardian)

Date Signed: _____