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**Patient:**

**DOB:**

**Account Number:**

**Study:**

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**CONSENT TO THE USE OF CONTRAST MEDIA**

Your doctor has scheduled you for an x-ray examination that requires injecting contrast media into a vein. The use of contrast media helps visualize certain organs and blood vessels.

**POSSIBLE REACTIONS:**

All medical procedures carry an element of risk and this procedure is no exception. It is our intention to describe these risks and then request your signature indicating your understanding of this information.

Minor allergic reactions to intravenous contrast (Iodine) occur in about two to ten percent of patients receiving contrast. Fortunately, most reactions are minor (warmth, nausea, vomiting, minor hives, or itching) and no treatment is required. Serious complications occur in about one in two thousand examinations and include serious allergic reactions, fall in blood pressure, shock, shortness of breath, convulsions, and renal failure. The risk of a serious complication is increased two to four times if you are diabetic or have a history of asthma or other allergies, or have had a previous reaction to contrast (Iodine). The risk for a serious allergic reaction to iodinated contrast usually lasts for only 5-10 minutes after the injection. Rarely (reports vary from 1 in 10,000 to 1 in 75,000), these serious complications may result in death.

Your doctor has considered these risks before recommending this examination and believes that the diagnostic benefits far outweigh the minimal risk involved.

**FOR DIABETIC PATIENTS:**

For patients taking Metformin containing medications (i.e. Metformin, Glucophage, Glucovance, Metaglip, Fortamet, Avandamet, Riomet, Glumetza, ActoplusMet, etc.), you should discontinue taking it for 48 hours following contrast injection and you should contact your physician before restarting. Please drink a minimum of 16 ounces of water over a 2 hour period after contrast injection.

I understand this information:  Yes  No

Signature of Patient or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Patient information reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Injected by: \_\_\_\_\_ Date \_\_\_\_\_