

Westside Medical Imaging

DISCLOSURE AND CONSENT

INTRAVENOUS CONTRAST INJECTION

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the risks and hazards involved in the medical or diagnostic procedure to be used. This disclosure is not meant to alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

CONSENT

I voluntarily consent and authorize **Westside Medical Imaging or other physicians employed by or contracted with Westside Medical Imaging, to provide interpretive services** and such technical assistants and other health care providers as it may deem necessary, to administer a MDCT (Multi-detector CT) diagnostic scan that will require the use of intravenous contrast.

Your physician has requested that we perform an examination to obtain additional information. As part of your examination, a contrast agent will be injected into your vein in order to produce better images of the part of your body that is being examined.

Potential Risks - the following complications are possible: anytime an injection is given, there is potential for pain, bleeding, bruising, or swelling at the injection site. Exams requiring contrast may result in a mild headache, nausea, itching or other vague symptoms for a short time after the injection. Additional allergic reactions in response to the contrast agent may include hives (itching), shortness of breath, and difficulty in swallowing. It is very important that you inform the technologist if you experience any of the conditions mentioned in this form. There have been rare instances of serious reactions and anaphylactic shock after the administration of the contrast agent. Should an emergency condition arise, the personnel at Westside Medical Imaging are trained and equipped to deal situations that may arise.

NOTICE TO PATIENTS: If you have previously had a reaction to a contrast injection such as hives, severe itching, shortness of breath and/or any significant reaction requiring hospitalization, a history of asthma or other allergic conditions, any history of anemia, sickle cell anemia or kidney disorder, are pregnant or breast-feeding, you **MUST** inform the technologist. The safety of contrast for children under the age of 2 has not been established.

I have been given an opportunity to ask questions about this procedure and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent. I certify this form is clear to me, that I have read or have had it read to me, and that I understand its contents.

ADDITIONAL NOTICE TO PATIENT: If you are pregnant or think you may be pregnant, please inform the center personnel at once. It is very important that you inform the technologist if you have artificial heart valves, a pace maker, aneurysm clips or other implanted metallic or electrical devices. There may be other imaging alternatives; however, your physician believes this to be the best diagnostic test for you, considering your symptoms and condition. The benefit of this exam is to assist your physician with a diagnosis.

Westside Medical Imaging is accumulating data for the purpose of aiding medical research. I permit its staff to anonymously collect and analyze data relating to my evaluation. However, my identity shall remain confidential and not be used or divulged without my written permission.

Patient or Legally Responsible Person Signature

_____ Date: _____ Time: _____