SIRA Imaging Center, LLC

Informed Consent for IV Contrast

Patient Name:_____

Date of Birth:_____Account #:_____

My physician has scheduled a procedure which requires intravenous contrast. This procedure has been ordered to help my physician understand and treat my medical problems, but this procedure will not be done unless I give written permission. The radiological technologist, nurse, or Radiologist will answer any questions.

A Radiologist (a physician specializing in x-rays) will be in the x-ray department overseeing this test. As part of this test, a small needle is placed directly into a vein. I will be given x-ray dye through this needle and x-ray pictures will be taken. I may get a warm feeling or strange taste in my mouth that will soon go away.

I will be exposed to x-rays during this test. My physician has determined that the benefits outweigh the possible risks of radiation. I must let the technologist know if I might be pregnant. X-rays could be damaging to a growing baby.

My physician has determined that the chance of having some difficulty with this test is very slight. However, complications are still possible. The types of difficulties that can occur include the following.

Itching and hives are expected in 1 or fewer of 200 people. These may be treated with medicine or nothing at all.

Irregular heart beat, labored breathing, or kidney failure are expected in 1 or fewer of 1000 people. These problems require attention by doctors and are treated with medicine.

A severe complication including death can occur in 1 or fewer of 10,000 people.

I am responsible for answering the questions the technologist will ask about my medical problems, allergies, and medications.

I understand what is involved in this test and agree to take part in the procedure. I understand the reasons for the procedure and possible complications. I understand that rare complications occur that are not listed on this form**.** I give my permission to perform any additional procedures that the physician thinks are necessary or emergent.

Patient Signature:_____Date:_____

Informing Technologist:_____Date:_____