

WASHINGTON IMAGING SERVICES, LLC

Consent for IV Contrast Media Injection

Your doctor has scheduled you for an x-ray examination that requires an injection of contrast media into your bloodstream. The IV contrast media is given through a small needle placed into a vein or through a catheter. Normally, contrast media is considered quite safe; however, any injection carries some risk, including injury to a nerve, artery or vein, infection or reaction to the contrast media being injected. Occasionally, a patient will have a mild reaction to the IV contrast media and develop sneezing or hives. Uncommonly, (in 1:7000 cases) a serious reaction can occur. The physicians and staff of the medical imaging department are trained to treat these reactions. Very rarely, (1:125,000) death has occurred related to IV contrast administration. The risk of such a severe consequence is similar to that from the administration of penicillin. Even if you check a "yes" in the history below, your insurance carrier may not cover the cost of this contrast and you may have to bear the additional cost.

Please review the following list of questions and circle "yes" or "no" to the questions.

Do you have a history of "allergy-like" reactions to contrast media which requires treatment?	Yes	No
If Yes what was the reaction and treatment? _____		
Do you have allergies to food, medications, chemicals or the environment?	Yes	No
Please list allergies _____		
Do you have asthma?	Yes	No
Do you use prescribed medications or inhalants for allergies/asthma?	Yes	No
Do you have heart disease? If yes, describe further _____	Yes	No
Do you take medications for high blood pressure?	Yes	No
Do you have multiple myeloma or sickle cell disease ?	Yes	No
Do you have only one kidney, had a kidney transplant or kidney tumor?	Yes	No
Do you have kidney disease?	Yes	No
Do you have diabetes? If yes, for how long? _____ years	Yes	No
Do you take insulin for your diabetes?	Yes	No
Do you take Glucophage (MetFormin-HCI) for your diabetes?	Yes	No
Do you have a history of severe liver disease, a liver transplant or pending liver transplant?	Yes	No
Have you had an injection of contrast media in the past 6 weeks?	Yes	No
If yes when and what type _____		

For Women Only:

Is there a chance of pregnancy?	Yes	No
Date of last menstrual period _____		

I have read and understand the information stated above and consent to the injection of IV contrast media.

Signature _____ Date _____

FOR TECHNOLOGIST USE ONLY

Injection site: Right - Left / Antecubital - Forearm – Wrist- Hand - Port-A-Cath

Power injection / at _____ cc/sec with delay of _____ sec.

WIS LLC 1/2002

Patient authorizes Washington Imaging Services, LLC (WIS) to obtain professional radiology interpretations from Overlake Imaging Associates, PC or it's designee (OIA), a separate entity. A portion of the WIS billing may represent fees due to OIA for OIA's services.