



**South Atlanta Radiology Associates**

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS.

**INFORMED CONSENT FOR CONTRAST MATERIALS**

Patients Name \_\_\_\_\_ Date \_\_\_\_\_

The following has been explained to me in general terms and I understand that :

1. The diagnosis requiring this procedure is \_\_\_\_\_
2. For the exams you doctor has ordered a special solution containing iodine will need to be injected into one of you veins. This contrast material is given through a small needle placed into a vein. Normally, contrast material is considered quite safe; however, any injection carries a slight risk of harm including injury to a nerve, artery, or vein, infection, or reaction to the material being injected. Occasionally, a patient may have a mild reaction to the contrast agent and develop sneezing or hives. Uncommonly a serious reaction to the contrast occurs. The physicians and staff of this office are trained to treat these reactions. Very rarely deaths have occurred related to contrast administration: the risk of such a severe consequence is similar to that form the administration of penicillin.
3. The CAT Scanner is a special x-ray device which allows the production of photographs of serial slices through portions of the body. There is no sensation to the procedure, but your cooperation in remaining still is required. You will be instructed by the technologist or radiologist throughout the procedure. In some studies the contrast material is used to visualize the blood vessels and identify them and determine if there is some unusual formation, blockage. Etc. This examination allows detailed evaluation of the organs and vessels visualized to determine abnormalities.
4. As a result of this procedure being performed, there may be risk of : infection, allergic reaction, disfiguring scar, severe loss of blood, loss of function of any limb or organ. Paralysis, paraplegia, brain damage, cardiac arrest or death.

Patients who are at higher risk for adverse effects of contrast are:

- a. People who have already had a moderate or severe "allergic-like" reaction to contrast material which required treatment.
- b. People with severe allergies or asthma.
- c. Patients with severe or incapacitating heart disease.
- d. Patients with multiple myeloma, sickle cell disease, polycythemia, or pheochromocytoma.
- e. Patients with severe kidney disease, particularly caused by diabetes.
- f. Patients age 65 or older.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR HAD IT READ AND/OR EXPLAINED TO ME, THAT I FULLY UNDERSTAND ITS CONTENTS, AND THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS.

I voluntarily consent to the doctors of South Atlanta Radiology Associates and all medical personnel under direct supervision and control of such physicians and all other personnel who may otherwise be involved in performing such procedures described or referred to herein.

\_\_\_\_\_

Person Giving Consent Witness

Relationship to patient if not the patient \_\_\_\_\_

Patient unable to sign because of \_\_\_\_\_