



CONSENT FOR CT ANGIOGRAM PROCEDURES

PLEASE READ BEFORE SIGNING

To perform a CT Angiogram, an intravenous (IV) catheter must be placed in one of your arm veins. If indicated, Lopressor (a beta-blocker) may be administered to achieve an optimal heart rate. This medication may cause hypotension, nausea, dizziness, shortness of breath, and low heart rate in a small percentage of individuals.

An intravenous contrast material (dye) will be injected through the IV in your arm. There is no pain associated with the infusion, but most people feel a sensation of warmth throughout their body or may experience a strange or metallic taste in their mouth. These sensations disappear soon after the injection is completed.

The contrast material contains iodine. A certain percentage of the population is allergic to this material. The risks associated with IV contrast administration include hives and itching, shortness of breath, nausea and vomiting, and in an extremely small percentage of patients, cardiac/respiratory depression resulting in death. This last risk is usually associated with extremely sick, high-risk individuals and the use of "ionic contrast." *Manhattan Diagnostic Radiology* uses only non-ionic intravenous contrast material, which significantly reduces the above risk.

There are certain individuals who are at a higher risk for an adverse event from CTA. This includes individuals (especially diabetics) with chronic renal insufficiency (a creatinine >2.0 mg/dl), a known history of congestive heart failure, asthma and individuals with *active* anginal symptoms (chest pain).

If you have any questions about these reactions, do not hesitate to ask the doctor or technologist.

IF IN THE PAST YOU HAVE HAD ANY REACTION TO AN INJECTION OF CONTRAST MEDIUM WITH AN X-RAY EXAMINATION SUCH AS A CT SCAN, IVP OR ANGIOGRAPHY, PLEASE LET US KNOW.

The contrast injected may cause you to produce a lot of urine. Therefore, after your test is completed, we advise you to empty your bladder before leaving the office.

I have read and thoroughly understand the above consent form and agree to proceed with the procedure.

_____/_____/_____
Patient's Name *Patient's Signature* *Date*