

H.O.P.E. IMAGING
Loma Linda High Field Open MRI & Diagnostic Center

PATIENT CONSENT FORM

CT ARTHROGRAM INFORMED CONSENT

I, _____, understand that I am to undergo a test involving my receiving contrast material (dye) injected through the joint under investigation. The dye is a combination of a non-ionic contrast agent and saline. Before giving my consent to the procedure by signing this form, I agree that I have been sufficiently informed by H.O.P.E. Imaging of the purpose of this study, the methods used, potential side effects, and that I have had all my questions pertinent to this study answered.

Purpose of this test : My physician has ordered a CT arthrogram procedure which includes receiving a dye injected into the joint . This study has been chosen by the referring physician to best diagnose my current symptoms.

Side effects : Although arthrogram is a very safe procedure, potential complications are possible. These include but are not limited to infection, bleeding, allergy reaction to the contrast. The procedure is performed under sterile conditions and with image guidance to best avoid complications. Albeit very rare, serious allergic reaction to the contrast is possible.

I have read the above information and understand the importance of this test, the potential risks of the procedure, and agree to proceed.

Patient Signature

Witness

Date and Time