

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

PATIENT CONSENT FORM

CT INFORMED CONSENT

I, _____, understand that I am to undergo a test involving my receiving contrast material (dye) injected through a vein in my arm. This dye is a non-ionic intravenous contrast material.

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/ Loma Linda High Field open MRI & Diagnostic Center 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 procedure which includes receiving a dye injected through my vein. This study has been chosen to best diagnose my current symptoms.

Mild effects : Mild allergic reaction to the contrast agent may include warm sensation, sneezing, hives, coughing, minor swelling, nausea, vomiting and headaches. The symptom generally last for about 5 minutes and usually disappear at the completion of the exam. On some occasion, Benadryl may be given to reduce the symptoms.

Serious Side effects : Although extremely rare, serious reactions may occur. These include, but not limited to, shortness of breath, severe swelling and anaphylactic shock. Emergency equipments and trained personnel are available to handle unusual situations which may arise.

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

