**COMPASS HEALTH**

SETTING A NEW DIRECTION IN HEALTH CARE

Compass Health

# INFORMED CONSENT FOR CT SCAN WITH OR WITHOUT CONTRAST

**IMPORTANT: IF YOU ARE PREGNANT OR THINK THAT YOU MAY BE PREGNANT, PLEASE INFORM THE FACILITY PERSONELL AT ONCE.**

Your physician has requested that we perform a computerized tomography scan (CT) to obtain additional information. This is a diagnostic test that uses x-radiation (x-ray) and a computer to produce images of internal body parts.

As part of your examination, we may need to inject you with a contrast solution containing iodine. This

clear, odorless liquid is removed from your body by your kidneys and will not alter the appearance of your urine. It will show up on the images to provide important diagnostic information. Soon after the injection, you may experience a metallic taste and a warm sensation. You may feel some nausea. These feelings last only a short time.

Occasionally, minor allergic reactions occur in the form of itching, sneezing, hives, swelling of the eyes, or wheezing. These symptoms may require treatment with medication we have on hand. It is very important that you inform the technologist if you experience any of the condition mentioned in this form. Rarely, a more serious reaction will occur. Even though it is extremely rare, medical statistics indicate that a fatality may occur from the injection of contrast.

If you have had a reaction to a contrast injection previously or a history of asthma or other allergic conditions, any history of diabetes or kidney disorder, anemia or sickle cell anemia, **if you are taking Glucophage, are pregnant or breast feeding you MUST inform the technologist**.

The benefit of this exam is to assist your physician in making a diagnosis. There may be other imaging alternatives, however, your physician believes the CT scan to be the best diagnostic test for you after evaluating your symptoms and medical condition.

By my signature below, I hereby certify that I have fully read this consent, had it explained to me, or have had it read to me. I have been given an opportunity to ask questions about my condition, alternative forms of treatment, the procedures to be used, and the risks and hazards involved. I understand its contents and have sufficient information to give this informed consent.

Patient/Parent/Legal Guardian Signature Date

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