



**DELTA MEDIX**

CT DEPARTMENT

300 Lackawanna Ave., Unit 200, Scranton, PA 18503

Phone: 570-342-7864, ext. 5360

FAX: 570-800-7529

**INFORMATION/CONSENT FOR CT SCAN INJECTION**

The physician ordering your test has scheduled you for an x-ray examination that requires injection of a contrast agent into your bloodstream. The contrast agent (also termed contrast media, contrast material or x-ray dye) shows up white on x-ray film or CT scan images and helps the radiologist interpret the x-rays or CT scans. In some instances, alternative studies, without contrast material, provide the same or at least some of the same information. Your doctor has discussed these with you or feels they are inappropriate.

The contrast media is given through a small needle placed into a vein, usually on the inside of your elbow or on the back of your hand, or through a catheter if angiography is being performed. Normally, contrast media is considered quite safe. However, any injection carries a slight risk or harm including injury to a nerve, artery or vein, infection, or reaction to the material being injected.

During the injection, besides a warm sensation, you may experience nausea or even vomiting. Less frequently, you may experience an allergic-type reaction with itching and possibly hives (raised skin reactions resembling mosquito bites). Other allergic-type symptoms such as localized swelling of the eyes and lips, sneezing, or difficulty in breathing can occur. Medications are on hand to treat these conditions, should they occur.

In rare instances, more serious complications are encountered. While it would be impractical or misleading to describe them all, these complications include shock, kidney failure and cardiac arrest. We have procedures in place to treat these reactions immediately. However, despite vigorous emergency treatment, some fatalities occur (one per 20,000 to 200,000 procedures).

If this CT scan was ordered by a Delta Medix physician, please be aware that he/she has an ownership interest. If you choose to go to another facility for this procedure, it will have no effect on the physician-patient relationship.

THE PHYSICIAN ORDERING THIS TEST BEST KNOWS YOUR MEDICAL CONDITION, IS AWARE OF THESE POSSIBLE COMPLICATIONS, BUT HAS DETERMINED THAT THE DIAGNOSTIC INFORMATION TO BE GAINED OUTWEIGHS THE MINIMAL RISKS OF THE PROCEDURE.

**I have read the above information. YES \_\_\_\_\_ NO \_\_\_\_\_**

**I would like to speak to a radiologist prior to my examination. YES \_\_\_\_\_ NO \_\_\_\_\_**

Patient Name (Printed) \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tech. Signature: \_\_\_\_\_ Date: \_\_\_\_\_