

PARK WEST RADIOLOGY

CT/ ARTHROGRAM CONSENT FORM

***(Please sign at your appointment)**

CONSENT

As part of my examination, I consent to have intravenous contrast material given to me. This intravenous contrast material is administered through a needle placed in the vein. The indications for this procedure have been explained to me. It has also been explained to me that the potential reactions to contrast, while rare, can include allergic reaction from mild to severe, swelling or infection of the injection site, bleeding, difficulty breathing, low blood pressure and kidney dysfunction.

There are two types of contrast available for use in your examination. The newer, non-ionic contrast agents, are less likely to produce reactions, than agents used in the past. Since the safety of our patients is our primary concern, we no longer use the older ionic contrast. New agents are more expensive and their use adds an additional \$125.00 to the cost of the examination. Some insurance companies reimburse the additional cost. By signing below, I agree to pay the additional amount if my insurance company does not reimburse. I further consent to the administration of such drugs, infusions and other treatments necessary in the judgement of the radiologist, should a reaction occur.

Patients Signature: _____

Witness: _____

Date: _____