



Patient Name (PRINT) _____

I understand contrast material will be injected. The indications for and risks of the procedure known as a CT SCAN were discussed with me. The risks were noted to include, but are not limited to, various types of allergic reactions to the intravenous contrast (such as iodinated contrast etc.). Most of these reactions are minor, although they can be severe at times. On rare occasions, inflammation or infection at the site can occur and other more remote risks or consequences may also arise.

I have been advised that if further explanation is desired, I may ask additional questions to the staff to include any supervising radiologists and my referring physician.

Signature of patient or legal guardian Date

Staff witness to signature Date

FEMALE PATIENTS:

I AM PREGNANT

I AM NOT PREGNANT / LMP _____

I understand I will be receiving x-rays and hereby release all radiologists, respective staff and the facility thereof of any and all responsibility for any adverse reaction to myself and/or damage to my unborn fetus in the event I may be pregnant.

SIGNATURE _____