EAGLES LANDING HEALTH
Providing care at your convenience.

Informed Consent for Contrast Materials

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

Patient Name: _____ Date: _____

The following has been explained to me in general terms and I understand that:

1. The diagnosis requiring this procedure is _____

_____

2. For the exam your doctor has ordered (see below) a special solution containing iodine will need to be injected into one of your veins. This contrast material is given through a small needle placed into a vein, usually on the inside of your elbow or in the back of your hand (or foot). Normally, contrast material is considered quite safe; however, any injection carries slight risks of harm, including injury to a nerve, artery, or vein, infection, or reaction to the material being injected. Occasionally, a patient may have a mild reaction to the contrast agent and develop sneezing or hives. Uncommonly (one case in a thousand) a serious reaction to the contrast occurs. The physicians and staff of this office are trained to treat these reactions. Very rarely (1:40,000) deaths have occurred related to contrast administration: the risk of such a severe consequence is similar to that from the administration of penicillin.

CAT SCAN
The CAT scanner (Computer Axial Tomography) is a special x-ray device which allows the production of photographs of serial slices through portions of the body. There is no sensation to the procedure, but your cooperation in remaining still is required. You will be instructed by the technologist or radiologist throughout the procedure. In some studies the contrast material is used to visualize the blood vessels and identify them and determine if there is some unusual formation, blockage, etc. This examination allows detailed evaluation of the organs and vessels visualized to determine abnormalities. Practical alternatives to this procedure may include: x-ray tomography, MRI, nuclear studies-liver or renal scan.

3. Material risk of this procedure:
   As a result of this procedure being performed, there may be material risks of: INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, PAPAPLEGIA, BRAIN DAMAGE, CARDIAC ARREST OR DEATH.

4. In addition to these material risks, there may be other possible risks involved in this procedure. Including, but not limited to: allergic rash, swelling of the lips or eyelids, difficulty breathing, nausea and vomiting.

5. The likelihood of success of the above procedure is: GOOD

6. It is our judgement that the performance or lack of performance of this diagnostic procedure will not necessarily influence the patients prognosis other than to possibly withhold diagnostic information from the referring physician.

7. I understand that the physician, medical personnel and other assistants will rely on statements about the patient, the patients medical history, and other information in determining whether to perform the procedure of the course of treatment for the patients condition and in recommending the procedure which has been explained. I understand that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure. I understand that during the course of the procedure described above, it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at the time this consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures. I also consent to and authorize the performance of such additional procedures as they deem necessary and appropriate.

I also consent to diagnostic studies, tests, anesthesia, x-ray examinations and any other treatment relating to the diagnosis or procedures described herein.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR HAD IT READ AND/OR EXPLAINED TO ME, THAT I FULLY UNDERSTAND ITS CONTENTS, AND THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND THAT STATEMENTS REQUIRING COMPLETION WERE FILLED IN AND ALL STATEMENTS I DO NOT APPROVE OF WERE STRICKEN BEFORE I SIGNED THIS FORM.

I voluntarily consent to the doctors of Eagle's Landing Family Practice, Inc. and all medical personnel under the direct supervision and control of such physicians and all other personnel who may otherwise be involved in performing such procedures, to perform the procedures described or otherwise referred to herein.

_____ _____

Patient or Guardian Signature Witness

Relation to patient if not the patient: _____

Patient unable to sign because of: _____