PATIENT INFORMED CONSENT FOR CT CONTRAST AGENT

I have been informed by MRI/CT of Springfield and my Physician of any possible complications that could arise from having a CT procedure involving the use of the contrast agents used in CT Scans. I choose to proceed of my own free will, and I understand that if my physician has ordered my CT examination with CT Contrast, or if during my exam my doctor and/or the radiologist determine I need CT Contrast to make an accurate diagnoses.

Having read the above statements, and I do hereby release MRI/CT of Springfield and all employees and affiliates, from any liability for any and all possible complications from the CT Contrast injection for this exam.

By signing below, I attest that the following statements are true:

I am aware that the injection of CT contrast is part of my CT examination.

I do not have renal failure or advanced Renal Dysfunction or other Kidney disorders.

I have been given the opportunity to ask any questions relating to my CT examination and the injection of a CT contrast solution.

I have either had recent lab work to rule out any Renal Disorders, or I attest I do not have any Renal Disorders and I have declined to have lab work prior to my CT examination.

I consent to the injection of a CT contrast solution for my CT examination.

_____ _____

Printed Name of Patient **Signature of Patient or Guardian** **Date**

_____ _____

Physician Signature **Date**

_____ **ISOVUE** _____**ml**

Injection Site **Patient Weight**

Lot# _____ **Expiration Date** _____

Tech Signature _____

Revised 6/27/2013