Patient Informed Consent for CT Contrast Agent

I have been informed by Midwest Imaging/MRI 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 physician and/or the radiologist determine I need CT Contrast to make an accurate diagnosis.

Having read the above statements, I do hereby release Midwest Imaging/MRI of Springfield and all employees/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 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**

_____ _____

Injection Site **Patient Weight**

_____**mL** _____ _____

Omnipaque **Lot Number** **Expiration Date**

_____**mL** _____ _____

Gastrografin **Lot Number** **Expiration Date**

_____

Tech Signature