DR. ADAM G. CROUCH, INC., DBA

DMXI DIAGNOSTIC MEDICAL X-RAY AND IMAGING

INFORMED CONSENT FOR CONTRAST MATERIAL INJECTION

Your physician has requested that you undergo the following radiologic procedure.

This procedure requires the injection of radiographic contrast material. This contrast material will allow certain structures to be enhanced or better visualized.

The contrast agent will be injected through a vein. This is EXTREMELY SAFE. However, after injection of this material some individuals may experience one or more unusual sensations. A warm feeling or metallic taste is common and will subside within several minutes.

The contrast material contains iodine. There are some individuals who are sensitive to contrast materials and may exhibit an allergic-type response. These reactions may be minor or severe. Nausea, rash, itching, or chills are some of the COMMON MINOR-TYPE reactions. Life threatening reactions are possible; however, serious reactions are extremely rate.

PLEASE READ AND ANSWER THE FOLLOWING QUESTIONS:	**YES**	**NO**
1. Have you read or had this consent form explained to you?	____	____
2. Do you understand the information on this form?	____	____
3. Have you been given the opportunity to speak with and ask questions of the radiologic technologist or the radiologist?	____	____
4. Do you have any know allergies?	____	____
5. Do you have any significant medical problems that you are are aware of such as diabetes, kidney disease, heart or lung disease, high blood pressure, epilepsy, asthma, multiple myeloma, etc.?	____	____
6. Are you on any medication at this time?	____	____
If yes, Name and Amount _____		
7. Do you agree to undergo the above-stated radiologic procedure?	____	____
8. Please list any previous surgeries. _____		
_____		

I have read the above information, understand English, and have had my questions answered.

Patient Signature _____ Date _____

Informing Technologist _____ Date _____

Patient Name _____ X-ray ID # _____