



PET/CT IMAGING

O F B E R K E L E Y

2855 Telegraph Ave., Suite 100, Berkeley, CA 94705

AMERICAN COLLEGE OF RADIOLOGY ACCREDITED PET AND CT FACILITY

CT CONTRAST QUESTIONNAIRE & CONSENT

In many cases, a contrast agent is given during the CT scan (also termed contrast, contrast media, contrast material or radiology dye). This contrast shows up white on CT images and helps the radiologist interpret the CT scan. Contrast is given through a small catheter or needle placed into the vein, usually on the inside of your elbow or on the back of your hand. Normally, contrast is considered quite safe; however, any injection carries a very slight risk of harm including injury to a nerve, artery or vein, or reaction to the material being injected. Occasionally, a patient will have a mild reaction to the contrast and develop sneezing or hives. Rarely (1 in 1000), a serious reaction to the contrast occurs. Our physicians and technologist are trained to treat these reactions. In extremely rare cases (1 in 40,000), death related to the administration of contrast has occurred; the risk of such a severe consequence is like that from the administration of penicillin.

To reduce the risk of reactions in patients who have a history of predisposing conditions or prior sensitivity, we use only non-ionic contrast. Unfortunately, even non-ionic contrast is not free of adverse reactions. If a patient has certain allergies or asthma, we will in most cases pre-treat the patient with certain medications to further reduce the risk of adverse reactions to the contrast agent.

Patient Name _____ Date of Birth: _____ Weight: _____

Are you pregnant? Yes / No

Have you ever had contrast injected during a CT or MRI exam? Yes / No

If you had a reaction to contrast, please provide date(s) and exam location(s): _____

Have you ever had any of the following? If yes, please explain:

Allergies: _____

Asthma: _____

Diabetes: _____

Gout: _____

Heart Disease: _____

Kidney Failure: _____

Myeloma: _____

Sickle Cell Disease: _____

I HAVE READ AND UNDERSTAND THE ABOVE AND GIVE MY CONSENT TO HAVE THE PROCEDURE

Patient signature: _____ Date: _____

_____ (please initial) I have been notified of the availability of a notice of privacy practices for this office and that I may receive a copy upon request.