

**Overlook Medical Park Derry Imaging Center
6 Tsienneto Road, Suite 100 LL Derry, NH 03038
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INTRAVENOUS CONTRAST ADMINISTRATION INFORMED CONSENT

As part of your examination we will need to inject you with a contrast material. This clear colorless liquid is removed from your body by your kidneys and will not alter the appearance of your urine. It will show up on your images to provide important diagnostic information.

Soon after the injection you may experience a metallic taste and a warm sensation, probably first in your face and head, and then in other parts of your body. You may feel nausea, these feelings last only a short time.

Occasionally, minor reactions occur in the form of itching, sneezing, hives, swelling of the eyes or wheezing. These symptoms may require treatment with medication we have at hand.

Rarely, a more serious reaction will occur, the health team members working with you today are trained and equipped to assist you promptly if a problem occurs. Medical statistics indicate that a fatality may occur in 1 (one) out of fifty thousand (50,000) injections. Your personal physician is aware of the risk of complication and feels that the diagnostic information to be obtained outweighs the small risk of the injection. We take every precaution to obtain a good examination with maximum safety.

Please let us know if you have had a previous reaction to contrast media as part of a kidney examination, angiogram, CT or other examination. We will be happy to answer any questions you may have.

I _____, have read and understood the above and give consent to have a contrast injection. I understand that, despite every skill and prudent effort made to avoid complications during the examination, there is no guarantee a complication will not occur.

Signature of Patient/Parent/Guardian

Date

Signature of Witness

Date