

HOBOKEN RADIOLOGY

Providing a clearer image of health

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IV CONTRAST CONSENT FORM

PERMISSION AND INFORMED CONSENT FOR IV CONTRAST INJECTION

1. PERMISSION:

I hereby authorize Doctor _____ or his/her associates or his/her assistants or his/her choice at Hoboken Radiology to perform upon me a computerized tomography or IVP with IV contrast injection.

2. EXPLANATION OF PROCEDURE, RISKS, BENEFITS, AND ALTERNATIVES:

The nature and purpose of the procedure has been fully explained to me and I have also been informed of expected benefits and complications, attendant discomforts and the risks that may arise, as well as possible alternative methods of diagnosis and/or treatment. I have been given an opportunity to ask questions and all questions have been answered fully and satisfactorily.

3. CONTRAST INJECTIONS:

You may be receiving an intravenous contrast media and/or oral contrast media to enhance the visibility of certain tissue. Possible side effects may include, but are not limited to nausea, vomiting, a warm flushed feeling, potential allergic reaction, including but not limited to hives, wheezing, difficulty breathing, kidney damage, and in rare instances, anaphylactic shock (severe allergic reaction) and death.

4. NO GUARANTEES:

I acknowledge that no guarantees or assurances have been made to me concerning the procedure described above. I give this consent voluntarily and of my own free will and I release the physician, Hoboken Radiology, and all other persons from liability for damages as a result thereof.

5. UNDERSTANDING OF THE FORM:

I confirmed that I have read this form, fully understand its contents and that all of the blank spaces above have been completed prior to my signing.

Please check one: Patient Relative Guardian Interpreter

Patient Name

Patient Signature

Witness Initials

Date