

## Tuba City Regional Health Care Corporation Radiology Department

## Consent Form for Contrast Examination Computed Tomography (CT)

Tec Con The been PAT		Date & Time  Date & Time	Signature:e benefits and alternations and consent to and Witness  LEGAL GUARI (If patient is a minor)	Date/Time:  ive examinations. All questions have agree with having this examination.  Date & Time  DIAN Signature Date& Time or {under 18}, or unable to give consent)		
Tecl Con Inject The been	trast Used/Volume: ction Site/Needle Site: examination has been explananswered to my satisfaction	nined to me including the on. I understand the abo	Signature:e benefits and alternations and consent to and	Date/Time:  ive examinations. All questions have agree with having this examination.  Date & Time  DIAN Signature Date& Time		
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Tec Con	trast Used/Volume:	Technologist			_	
Tec				<i>-</i>		
Whe			Time of l	Injection:		
	MALES: Is there a possibility en was your last menstrual per	that you may be pregnant	? Yes No			
4.	Hypertension Asthma Diabetes Seizures Tumors Kidney Disease Aneurysm Myeloma Heart Disease					
3.	If yes, to what substances Do you have any history	are you allergic?			_	
2.	Any history of allergy to	iodine, foods, drugs or me	edications? Yes No	0	_	
1.	Have you had previous co If yes, what type of study Did you have any probler	• .	•	y? Yes No Yes No	_	
exar		ll risk of the study. Pro	e-medication with stero	an feels that the information from the pids and the use of non-ionic contra		
		•	ecur.		ey	
itchi spas prob		ives, sneezing and sweaty	y palms. More serious s	flushing of the skin, nausea, vomiting side effects occur less often and include the blood pressure, short rain lide.	_	