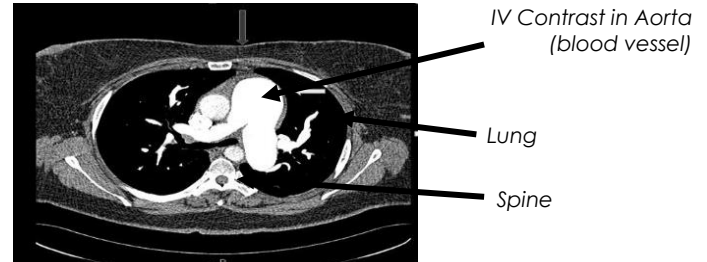
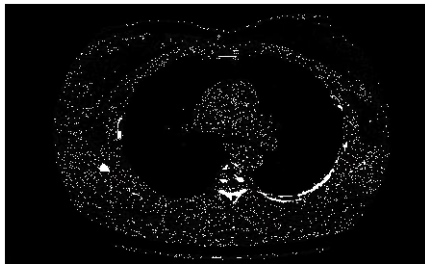


***PATIENT INFORMATION - Please read this information carefully***

Your doctor has requested that you have an examination that may include an injection into your vein of a liquid known as intravenous contrast (Omnipaque). This contrast is used to outline blood vessels and other parts of the body and is removed by your kidneys.

Chest image of a non-contrast scan    Chest Image of a scan with contrast



As you have the contrast injected you may experience the following effects which are normal and are not reactions:

- A sensation of warmth
- A sensation of having 'wet' oneself
- Mild nausea
- Metallic taste

Very occasionally, a person may 'react' to the injection of contrast. Such reactions are mostly very mild and are also rare (less than 4 in every 10,000 cases). These reactions include hives, chills, fever, shortness of breath, wheezing, or changes in blood pressure. A severe reaction is rare, usually occurs immediately, and is treatable.

<b>Please answer the following questions:</b>	<b>YES</b>	<b>NO</b>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take Metformin medication (Glucophage tablets)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously had a reaction or allergy needing treatment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>For females aged 12 to 55 years:</b> Is there any possibility of you being pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have abnormal kidney function, a renal transplant or a single kidney?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered 'YES' to <u>any</u> of the questions above, please contact the Bookings Team at Taranaki Radiology on (06) 7594317 Ext 701 Monday to Friday between 8:30am and 4:00pm		
If you suffer from Asthma, please bring your inhaler with you for your CT scan appointment		
What is your weight?	Kgs	
What is your age?	Years	

Patient's Full Name: <b>OR</b> Caregiver/Support persons Full Name:		
Signature:		Date:
Reviewed by TRL team member – Name:		
Signature:		Date:
eGFR:	IV Contrast Batch #:	Cannulation: