

COOL SPRINGS IMAGING

CT Scan Patient Procedure Form

Welcome to Cool Springs CT Scan Department. Your physician has requested that we perform a CT scan that may require the use of x-ray contrast (dye). There is a remote risk that you could be allergic to the x-ray dye, resulting in hives, a rash, or in severe cases respiratory difficulties that could be life threatening. Contrast reactions are extremely rare, only occurring in 1-3% of patients. Severe contrast reactions are even less frequent occurring in approximately 1 out of 10,000 patients. The technologist will answer any questions that you may have before the exam begins.

Have you ever received Intravenous Contrast Media for a radiology exam? Yes No
If yes, how long ago? _____ Any problems? _____

Do you have allergies (medications or food, including shellfish, chocolate, or iodine?)

Yes No

If yes, describe _____

Are you pregnant or do you suspect that you are pregnant? _____

Are you breast feeding? _____

Please check if you have any of the following conditions:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Insulin	<input type="checkbox"/> Oral Diabetic Meds	<input type="checkbox"/> Metformin (Glucophage)
<input type="checkbox"/> Cardiac Problems		<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Asthma
<input type="checkbox"/> Chronic Lung Disease		<input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> Pheochromocytosis
<input type="checkbox"/> Multiple Myeloma		<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Organ Transplant
<input type="checkbox"/> Mastocytosis		<input type="checkbox"/> Hypertension	

PATIENT DISCHARGE INFORMATION:

You have been given an intravenous contrast media/oral liquid to aid in your exam. Please drink an additional 3 full glasses (24 oz.) of water today to help eliminate this contrast from your system. If you have any problems within the next 24 hours that you feel are related to this procedure, please call your physician. If you are unable to contact them, call Cool Springs Imaging at 615-777-8668 to speak with a Radiologist. You may resume normal activities and medications as directed by your physician. Thank you for choosing Cool Springs Imaging for your imaging needs.

Patient Signature _____ Date: _____