



CONSENT TO IODINE ADMINISTRATION INTRAVENOUSLY.

It is possible that the radiologist might find it necessary to administer an intravenous injection of contrast medium in order to tailor the examination for your specific need. The contrast medium contains iodine and as some patients is allergic to iodine; your written consent for the injection is required. An allergic reaction is very rare and severe reactions occur very seldom (approximately 1 out of every 160 000 cases).

Minor side effects which do occur commonly are:

- 1. A metallic taste in the mouth
- 2. A warm feeling passing down the back

Please note that a contrast injection is contra-indicated if you suffer from renal failure or any condition that might have a negative effect on renal function.

If, after the injection, you notice any unusual sensation other than those set out above, you are also requested to bring this to the immediate attention of the radiographer in order that the appropriate treatment and antidote can be applied, if necessary.

Would you please kindly complete and sign this form to act as consent for the procedure. In case of any uncertainty or questions you might have, the radiographer, nursing sister or radiologist will be available to answer any questions you might have relating to this procedure.

Are you allergic to Iodine? Please state severity:	Yes	No
Do you suffer from renal failure?	Yes	No
Are you a diabetic? Please name medication:	Yes	No
Are you allergic to seafood? Please state severity:	Yes	No
Are you asthmatic?	Yes	No
Are you allergic to any medication? Please name:	Yes	No

I, the undersigned (name of person legally entitled to give consent)

In my capacity as (state relationship to patient) _____

Hereby give consent for the administration of iodine contrast on (full name of patient)

- 1. I understand the implications of the planned procedure, the associated risks, as well as the problems which could arise.
- 2. The doctor carrying out the above procedure may alter the study or take other measures to complete the procedure if deemed necessary.
- 3. I am competent to give consent.
- 4. I require no further information.

(Signing of person giving consent)

Witnesses: _____

Day _____ Month _____ Year _____

