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Contrast Consent

Your doctor has referred you for an x-ray exam that requires the injection or drinking of contrast media containing iodine. The contrast media, also know as x-ray contrast, helps to enhance the images from a CT scan or other x-ray exam by highlighting your bloodstream and organs. This iodine-based contrast is also used for arthrograms and hysterosalpingograms. Based on the risk factors, and with your consent, the radiologist will make the decision to use contrast media if it will help with the interpretation of the exam.

Contrast media has a long record of safety and effectiveness. The I.V. contrast is given through a small needle placed into a vein – usually in the arm – and is similar to having blood drawn. As with any injection, there are some risks involved, including infection, injury to a nerve, artery, or vein, or an allergic reaction. People with allergies to contrast media will usually develop hives, sneezing, or a rash. More severe reactions are possible but very rare. The radiologist and technologist are trained to deal with any reaction.

Alternatives: It may be possible for another exam to provide your doctor with the information that he or she needs to make a decision about your care. You may also choose to not have any exams.

Please answer the following questions. Circle yes or no.

- Yes No Have you ever had an “allergy-like” reaction to I.V. contrast media?
- Yes No Have you ever had an “allergy-like” reaction to oral contrast media?
- Yes No Are you allergic to any medications? _____
- Yes No Do you have asthma?
- Yes No Do you use an inhaler for asthma or allergies?
- Yes No Do you have a personal history of heart disease?
- Yes No Do you have multiple myeloma, sickle cell disease, or a pheochromocytoma?
- Yes No Do you have kidney disease or a history of renal failure?
- Yes No Are you diabetic?
- Yes No Do you take Glucophage or Metformin for diabetes?
- Yes No Is there any chance you could be pregnant?
- Yes No Are you currently breastfeeding?

If you have any questions, please feel free to ask the radiologist or the technologist performing your exam.

I have read and understand the information stated above, and I consent to the use of contrast media for this exam.

Signature: _____ Date: _____

Printed Name: _____