



CARDIAC & VASCULAR CENTER
OF NORTH TEXAS

CARDIOVASCULAR CT STUDIES

CONSENT FORM (Patient responsibility before study)

Name _____ Date _____
Personal Physician _____ Age _____
Weight _____ Height _____ Sex ___ Male ___ Female

Have you ever had:

___ Yes ___ No Any previous CT scan or X-ray tests using contrast or dye?
___ Yes ___ No Any reaction to contrast or dye?
If you did have a reaction, was it ___ rash ___ nausea ___ hives ___ trouble breathing
What else happened? _____

Do you have:

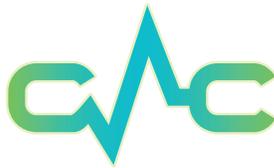
___ Yes ___ No A history of allergies, hay fever or hives?
___ Yes ___ No An allergy to iodine or shellfish?
___ Yes ___ No Asthma or lung disease?
___ Yes ___ No Diabetes?
If yes, do you take: ___ Glucophage/Metformin ___ Avandamet ___ Glucovance ___ Metaglip.
When was your last dose? _____

Do you have:

___ Yes ___ No Drug allergies? Specify: _____
___ Yes ___ No Kidney disease?
___ Yes ___ No Only one kidney?
___ Yes ___ No Multiple myeloma?
___ Yes ___ No Dialysis?
___ Yes ___ No Could you be pregnant? ___ Male patient

During this study, contrast media containing iodine will be administered through an intravenous line in order to permit the acquisition of multiple X-ray images called a CAT scan. Prior to the acquisition of these images, you will be administered a medication called a beta-blocker. This medication may be administered orally and/or intravenously. Once an appropriate heart rate is obtained, you will be administered intravenous contrast media. During the infusion of this contrast media, you may experience a warm feeling throughout your body. Multiple X-rays will be obtained. Following the X-ray, you will be asked to drink plenty of water and will be able to leave the Imaging Center shortly thereafter.

After the study is completed, the vascular portion of your study will be interpreted by a cardiologist, cardiothoracic surgeon or vascular surgeon with the non-vascular portion being interpreted by a radiologist. For the purposes of helping with advances in medicine, we ask that you allow your results to be used if needed in research. If is used, your name and identifying data will be removed.



CARDIAC & VASCULAR CENTER
OF NORTH TEXAS

CARDIOVASCULAR CT STUDIES continued page 2

PATIENT CONSENT AND DISCLOSURE

You have the right, as a patient, to be informed about the recommended diagnostic procedure to be performed so that you may make a decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you. It is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

I (we) voluntarily request Cardiac & Vascular Center of North Texas and such associates; technical assistants, nurses and other health care providers as deemed necessary, to perform the procedure of a computerized tomography scan (CAT scan) of one or more portions of my body in order to visualize pertinent vasculature (blood vessels).

I (we) understand that no warranty or guarantee has been made to me as to result or cure.

Just as there may be risks in continuing my present condition without diagnosis or treatment, there are also risks and hazards related to the performance of diagnostic procedures planned for me. I (we) realize that common to diagnostic procedures is the potential for infection, blood clots, hemorrhage, allergic reaction and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure: injury to blood vessel, swelling, pain, tenderness or bleeding at the site of blood vessel puncture, aggravation of the condition that necessitated the procedure, allergic sensitivity to injected contrast media, low blood pressure and/or low heart rate, exacerbation of underlying lung condition. The medical staff who will perform my scan are trained to recognize and treat reactions that I might have, making this test as safe as possible.

I (we) certify this form has been fully explained to me, I (we) have read it, or have had it read to me, that the blank spaces have been filled in, and I (we) understand its contents. I (we) have been given an opportunity to ask questions about my condition, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

Patient's Signature

Date

Witness Signature

Date