

CT - COMPUTERIZED AXIAL TOMOGRAPHY



- Central Oregon MRI, LLC
- Cascade Medical Imaging, LLC - Westside
- Cascade Medical Imaging LLC - SCMC Bend
- Cascade Medical Imaging LLC - SCMC Redmond

Today's Date: ___/___/___ Name: _____

Date of Birth: ___/___/___ Age: ___ Male Female Referring Dr: _____

Briefly describe the problem(s) you are experiencing that made you see your doctor: _____

Have you ever had any surgery in the area you are currently having problems? Yes No

Type of Surgery: _____

Do you have a personal history of cancer in any part of your body? Yes No

What **part** of your body and **when** was the diagnosis made? _____

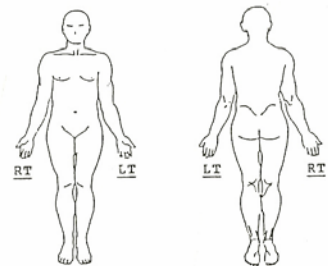
PLEASE INDICATE BELOW ANY PREVIOUS PERTINENT STUDIES YOU HAVE HAD, WHEN THEY WERE PERFORMED AND AT WHAT FACILITY:

X-Rays: _____ MRI: _____

CT Scan: _____ Nuclear Medicine: _____

Ultrasound: _____ Other: _____

Please use this diagram to mark where you think your problem is located or where you are feeling pain → → → →



TO OUR FEMALE PATIENTS AGES 13 TO 54 YEARS OLD:

You must inform the technologist, prior to being scanned, if there is any chance you may be pregnant. I am aware that there may be risks involved to my unborn child if exposed to x-rays. I accept full responsibility if any future complications should arise.

To the best of my knowledge I am not pregnant: _____

I understand that I am requesting services from Central Oregon Radiology Assoc., P.C. and or Central Oregon Magnetic Resonance Imaging, LLC that may not be approved or covered by my insurance company. Authorization is not a guarantee of payment. Claims payment will be based on member eligibility, medical necessity and benefits in effect at the time of service. I am agreeing to pay for these services personally if these services are not approved or covered.

Patient or Responsible Party Requesting Services

Witness

FOR OFFICE USE ONLY: Creatinine Level: _____ Date: ___/___/___ IV Location: _____

Technologist: _____ Notes: _____

CONSENT FOR CONTRAST MATERIAL INJECTION

CT uses a thin beam of low dose diagnostic x-ray with advanced computer technology to create a series of images that the radiologist reviews. Your physician has chosen contrast CT because it provides an ability to see certain kinds of pathology.

The contrast material is a clear liquid given through a small needle and injected into a vein in your arm. Normally, contrast material is considered quite safe. However, any injection carries a slight risk of harm including injury to a nerve, artery, vein, and infection or allergic reaction. Occasionally the patient will develop sneezing or hives. Uncommonly, (one case in a thousand) a serious reaction to contrast occurs. Very rarely, (one case in forty thousand) death has occurred related to the contrast administration. The risk of such a severe consequence is similar to that from the administration of penicillin. Our radiologists and staff are trained to treat these reactions.

Certain patients are at higher risk for experiencing a reaction to the contrast agent. We would like to identify these patients in order to take appropriate measures to try to prevent a reaction. Please fill out the check list below to help us prepare for your CT scan:

- YES** **NO** Do you have **ONE** of the following conditions:
- Are you on dialysis or do you have a history of kidney failure?
- Have you had a kidney removed?

- YES** **NO** Do you have **TWO** or more of the following conditions:
- Are you diabetic? (250.00 insulin dependent)
- Do you have a history of cancer or any chronic illness?
- Do you have a history of heart disease? (V12.50 hx of)
- Are you older than 65?
- Do you have a history of long-standing or poorly controlled hypertension? (401.9)

- YES** **NO** Do **ANY** of the following apply to you:
- Do you take Glucophage (Metformin) or Glucovance? (V58.69)
- Do you have asthma? (493.90)
- Do you have multiple myeloma?
- Do you have a known allergy to x-ray contrast? (V15.08)

If you are at high risk we may prescribe medicine to be taken during the twelve hours before the injection to try to "block" an adverse reaction. We also use the newer family of contrast agents called "low osmolar" or "non-ionic". X-ray contrast has a long record of safety and effectiveness and these newer agents appear to have a lower incidence of reactions. However, serious reactions can still occur with low osmolar or non-ionic agents. If you have any questions, you are encouraged and expected to ask your CT radiographer or the radiologist.

Your signature on this form indicates that:

1. You read and understood the information provided in this form.
2. You have had a chance to ask questions.
3. You have received all information you desire concerning the procedure, and
4. You authorize and consent to the performance of the procedure.

Patient Signature

Print Patient Name

Witness

Date