

Hilltop imaging & Diagnostic Center  
2970 Hilltop Mall Rd. #103  
Richmond, CA 94806



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **INFORMED CONSENT FOR COMPUTERIZED TOMOGRAPHY (CT) WITH CONTRAST INJECTION**

**TO THE PATIENT:** You have the right to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not to scare you or alarm you. It is so that you may choose to give or withhold consent to the procedure.

**If you are pregnant or think you may be pregnant please inform the technologist at once.**

Your physician has requested that we perform a computerized Tomography (CT) to obtain additional information. This is a diagnostic test that involves x-ray images and computer to produce the images of the internal body parts. As part of your CT, a contrast agent may be injected into your vein in order to produce better images of that part of the body being examined.

**POTENTIAL RISKS – The following complications are possible; any time an injection is given, there is potential for pain, bleeding, bruising, or swelling at the injection site. Additional; allergic reaction in response to the contrast agent may include hives, shortness of breath, or difficulty swallowing. There have been rare instances of death after the administration of the contrast agent. It is very important for you to inform the technologist if you are experiencing any of these conditions mentioned in this form.**

An alternative to this procedure may be an ultrasound, x-ray or MRI, or no treatment. However your physician believes the CT to be the best diagnostic treatment for you, considering your symptoms and condition. This benefit to the exam is to assist your physician with a diagnosis.

**I(WE) CERTIFY THAT THIS FORM HAS BEEN FULLY EXPLAINED TO ME, THAT I(WE) HAVE READ IT OR HAVE HAD IT READ TO ME., THAT THE BLANK SPACES HAVE BEEN FILLED IN, AND THAT I(WE) UNDERSTAND ITS CONTENT.**

**I(WE) HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS ABOUT MY CONDITION. ALTERNATIVE FORMS OF ANESTHESIA AND TREATMENT, THE PROCEDURES TO BE USED, AND THE RISKS AND HAZARDS INVOLVED, AND I(WE) HAVE SUFFICIENT INFORMATION TO THIS INFORMED CONSENT.**

**I(WE) HEREBY RELEASE HILLTOP IMAGING & DIAGNOSTIC CENTER OF ALL LIABILITY INVOLVING A CIRCUMSTANCE WHERE REACTION MAY OCCUR, AND IN A SITUATION WHERE THE LABORATORY WORK REQUIRED FOR THE INJECTION ARE NOT AVAILABLE OR CURRENT. I GIVE PERMISSION TO CONTINUE WITH THE INJECTION PORTION OF MY EXAM, AND I(WE) ACKNOWLEDGE THE RISKS INVOLVED.**

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_