

CT

Information and consent declaration

Regarding CT (computer tomograph) examination



Name of patient

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Highly esteemed patient!

Your attending physician has sent you for a radiographic tomograph (CT) examination to our Institution. For the sake of a more accurate diagnosis of the diseases it might be necessary to effect intravenous injection of radiographic (iodous) contrast material. Approximately half of the CT examinations is carried out for a long time securely, at very small risks, when intravenous radiographic contrast materials are applied.

However, during the application of intravenous contrast materials, in rare by-effects may occur. We have to inform you of the infrequent, but still possible by-effects.

1. Rarely (1x from 100-200 cases) some slight temporary symptoms (e.g. feeling of warmth, nausea, vomiting, itching of the skin, cutaneous eruption, sternutation etc. may occur.

2. Very rarely (1 x from 2000-3000 cases) disturbance of circulation, respiratory troubles and reactions may occur.

3. Extremely rarely (1x from 25000 cases) severe, perilous contrast material reaction may occur.

It is important to know that the risk of the examination are less than the danger caused by any illness which remained undetected owing to the omission of examination.

For the injection of the intravenous contrast material we need your consent. We ask you to assist us by giving answer to the following questions, in order to reduce the still small risks of the CT examination. Please indicate the appropriate answer by a cross.

yes

no

Have you already received radiographic contrast material (venous injection) during previous medical examinations?

Did you experience during former medical examinations, When iodous contrast materials were applied, any inconvenience or by-effect?

(If so, please describe it at the bottom of the page)

Do you suffer from any heart or kidney disease or from diabetes? (If so, please describe)

Do you suffer from disease of the thyroid gland? (If so, please describe)

Do you suffer from any infectious disease, e.g. hepatitis, AIDS virus infection etc.

Do you suffer from any allergic disease, e.g. asthma, hay-fever Drug-sensitiveness etc. (If so, please describe)

For female patients: are you pregnant?
are you a nursing mother?

Were you treated for any serious disease? (If so, please describe it at the bottom of the page)

8. Body weight kgs

Your eventual further questions or objections will be answered by the physician carrying out the medical examination or by his assistant.

I have understood the content of the directives and I have received all further information requested.

As to intravenous injection of contrast material a., I agree*
b., I disagree*
(*please underline the proper answer)

Budapest, on the _____ day of _____, 200__.

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Signature of the patient or his guardian