

**North Fork Radiology  
1333 Roanoke Avenue  
Riverhead, New York 11901**

**CT with Intravenous Injection**

**Informed Consent**

Your CT examination may include images that require intravenous contrast. The contrast material is an iodine compound that is necessary to study your internal organs properly.

The iodine compound will be injected into a vein at which time there may be a slight burning or warmness. The iodine is filtered out of the bloodstream by your kidneys and eliminated from your body in your urine.

Side effects are rare; the most common are nausea and/or vomiting, itchiness, hives, or headache. Severe reactions are extremely rare.

I understand that I have the right to refuse the use of iodine and still undergo the imaging scan, although it may limit the usefulness of this scan.

**I understand that I must notify the Technologist, Nurse and/or Radiologist of any chronic medical problems/conditions, any allergies that I may have and any medications that I may be taking.**

**I have read and understand the above explanation. I have informed the staff of my medical history. As such I am aware of my choices and I fully consent to the examination.**

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

Signature of parent, guardian, or other legally responsible person if patient is a minor, disabled or otherwise unable to consent:

\_\_\_\_\_ Date \_\_\_\_\_

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