



**Brockville  
General Hospital**  
Right here, with you.

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

MRN: \_\_\_\_\_

### I.V. CONTRAST MEDIUM INJECTION and CONSENT FORM

Test Ordered: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PT Weight: \_\_\_\_\_

**Previous contrast media injection:** ☐ YES ☐ NO Exam: \_\_\_\_\_

**Reaction to the contrast:** ☐ YES ☐ NO

Nature of the reaction: \_\_\_\_\_

**Allergies to medications:** ☐ YES ☐ NO

What medication: \_\_\_\_\_

**Blood thinners:** ☐ YES ☐ NO Name: \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Surgical History:** \_\_\_\_\_

Comments

Pregnancy ☐ YES ☐ NO \_\_\_\_\_

COPD / Asthma ☐ YES ☐ NO \_\_\_\_\_

Renal / Liver Disease ☐ YES ☐ NO \_\_\_\_\_

Cerebrovascular Disease / Seizures ☐ YES ☐ NO \_\_\_\_\_

Heart Disease ☐ YES ☐ NO \_\_\_\_\_

Hypertension ☐ YES ☐ NO \_\_\_\_\_

Diabetic ☐ YES ☐ NO \_\_\_\_\_

Previous History of Cancer ☐ YES ☐ NO \_\_\_\_\_

Screening Bloodwork Results eGFR Result: \_\_\_\_\_ Serum Creatinine Result: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT PREPARATION: IV Access, Hydration (6-8 glasses of water), Current Medication List (attach), and Consent Obtained (send with the patient to CT)**

**Form Completed by:** \_\_\_\_\_ **Consent Signature:** \_\_\_\_\_

**For CT I.V. Contrast Administration:**

Product: OMNIPAQUE 350

Lot: \_\_\_\_\_ Gauge: \_\_\_\_\_

I.V. site: Left antecubital ☐ Right antecubital ☐

Other: \_\_\_\_\_ Existing ☐ Flushed ☐ Blood Return ☐