

THE IMAGING CENTER OF LAS CRUCES RADIOLOGY



160 Roadrunner Pkwy. • Las Cruces, NM 88011
Phone: 575-556-1800 • Toll Free: 888-522-6631
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Ramakrishna Devasthali, M.D. Puneet Ghel, M.D.
Biren Shah, M.D.

Procedure: _____ Date: _____

History or reason for Exam: _____

Are you currently taking any blood thinners? _____ If yes please list: _____

(Plavix, Aspirin, Advil, Baby Aspirin, and any prescribed thinners) When was the last time you took any of these consistently: _____

Do you have any allergies to any medications? If yes, please list: _____

Height: _____ Weight: _____ LMP: _____ Pregnant? Yes No

Prior Relevant Studies: _____

Prior Relevant Surgeries: _____

Prior Iodine Studies? Yes No Prior Iodine Reaction? Yes No

If Yes, Type of Reaction: Rash Shortness of Breath Wheezing
 Fainting Flushing Low Blood Pressure Other _____
 Medical treatment required No Medical treatment required

Date of Reaction: _____

Do you Smoke? Yes No If yes, how long? _____

Heart Problems? Yes No If yes, explain: _____

Kidney Problems? Yes No If yes, explain: _____

Sickle Cell Anemia? Yes No Multiple Myeloma? Yes No

Diabetic? Yes No Asthma? Yes No

This Section To Be Completed By RT/RN/MD

If patient is diabetic, is patient on glucophage/glucoavance/metformine. Last dose taken: _____

(Patient must be off glucophage/glucoavance 48 hours after contrast)

Instructed By: _____

Procedure and Contrast Orders:

Bun: _____ Creatinine: _____

Contrast Type: _____ IV _____ Oral _____ Rectal _____

Lot # _____ Exp Date: _____

Amount Ordered: _____

Amount Given: _____

Radiologist: _____

Injected By: _____

Flow Rate: _____

Needle Gauge/Site: _____

Started By: _____

Dc'd (time/initials): _____

List the medications
patient is currently taking:

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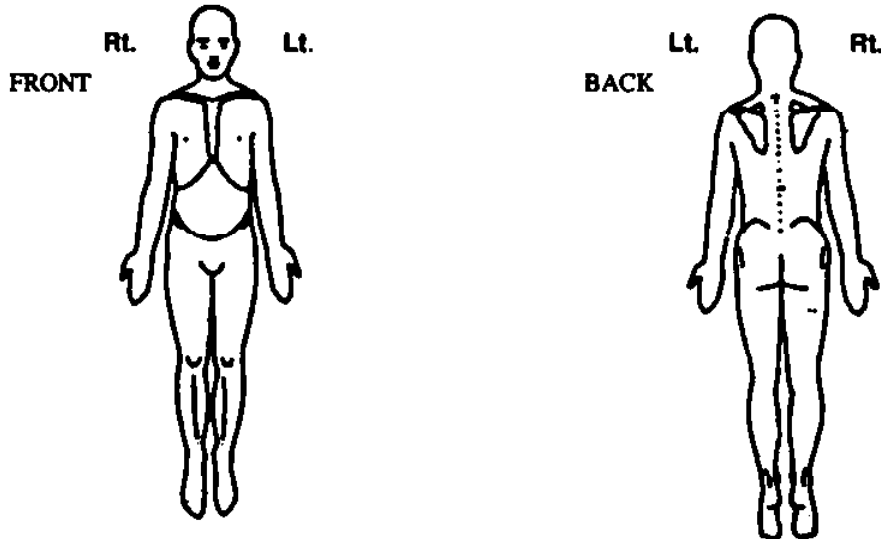


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Please shade all affected areas



Your referring physician has ordered CT IV contrast enhancement in order to obtain more diagnostic information for the brain, chest, neck, abdomen, pelvis or other area of your body. As for the abdomen and pelvis, we will also have you drink oral contrast. The oral is for the GI tract and the IV is to look at blood vessels. The oral contrast you drink by mouth and the IV is put into a vein. In very rare cases some patients have been known to have an allergic reaction to the IV contrast (medications are on hand to treat these conditions should they occur). In some very rare cases of those patients having a reaction, death may occur. Your technologist or radiologist will be happy to answer any questions you may have about this test.

I attest that the information is correct to the best of my knowledge. I have read and understood the entire contents of this form. I also understand the procedure, risks and possibilities of complications. I give my permission for oral and/or IV contrast solution to be given if necessary and I have had the opportunity to ask questions regarding the information on this form.

Patient's, parent or guardian signature _____ Date _____

Print patient's name _____

Witness signature _____ Date _____