🕅 Wes	WORLD-CLASS M	EDICINE THAT'S NOT A WORLD A, NEW YORK 105	AWAY.					
		OGY CT CONT		O LABEL: PRINT PA1	TIENT'S LAST	', FIRST NAMI	e, mr no., gen	NDER, DOB
Name:								
Address:								
Phone:	Home ()			
Age:			Weight:					
Please ch	heck if vou		any of the following					
			·····				□ Yes	🗆 No
							□ Yes	🗆 No
• C:	ardiac Dise	ase					□ Yes	□ No
• TI	hyroid Dise	ase					□ Yes	□ No
• Tl	hyroid Can	cer					□ Yes	\square No
• M	lultiple Mye	eloma			•••••		□ Yes	□ No
• K i	idney Disea	se					□ Yes	□ No
	v						□ Yes	□ No
								□ No
	-	-	taining metformin (C				□ Yes	□ No
• Ai	re you Preg	nant? 🗆 Yes 🗆	□ No LMP:	Are	you Breas	tfeeding?	□ Yes	□ No
or the san	ne thing) w	hich helps the radi	Iministration of an x- ologist interpret you	examination.				ed names
• Have you ever had an injection of x-ray dye/contrast?						•••••	□ Yes	□ No
• Have you ever had, as a result of x-ray					Hives or rash			□ No
dye/contrast, any of the following? Shortness of breath						۱	□ Yes	\square No
				Fainting of Other rea	-		□ Yes	□ No
• W	hen was th	e last time you tim	ne you had an injectio	on of x-ray dye	/contrast	P		
			njection though a sma eeling of warmth whi		ed into you	ır vein. D	uring adm	inistratio
	•		auite safe: however		mials of a	ropotion 1	Incomme	nly (shar

Administration of x-ray dye/contrast is quite safe; however, there is a slight risk of a reaction. Uncommonly (about 2 out of 1000) patients develop sneezing, itchiness, hives. More serious reactions are much less common. Very rarely (about 1 out of 170,000 patients) death has occurred.

If you have any questions please speak to a staff member who will arrange for you to speak to a physician.

Contrast Questionnaire Completed by:

Print Name (and relationship to patient if not self) Signature

Contrast Questionnaire Reviewed by:

Date

Print Name

Signature

MD / PA /RN Circle