IHRE RADIOLOGEN

Information about the use of contrast agents in computed tomography

Please note:
If you pick up your pictures later, our employees are obliged to inspect your identity card. A power of attorney is required for collection by a third party.

Surname, first name: _____ Date of birth: _____

Postcode, town: _____ Street: _____

Weight (kg): _____ Your health insurance: _____

Reffering physician/station: _____

Dear Patient, Dear Patient!

Your attending physician has referred you to us for a computed tomography. Depending on the particular problem, it may be necessary to administer an intravenous contrast agent. This enables pathological processes to be detected more reliably. This contrast medium is usually tolerated without problems. Intravenous administration of contrast media may cause a short-term sensation of heat. In extremely rare cases allergic reactions may occur. This is usually a temporary nausea, itching or skin rash. In very rare cases, however, it can also come to a respiratory or cardiovascular impairment.

In cases of severe kidney dysfunction and certain thyroid diseases, contrast media should only be administered intravenously in exceptional cases.

When examining the abdominal cavity, it is usually necessary to drink an aqueous contrast medium some time before the examination in order to contrast the gastrointestinal tract. This increases the accuracy of the investigation.

In order to protect your personal rights, we are required to inform you about possible complications and require your consent for the administration of contrast media.

We would like to ask you to answer a few questions first.

Current symptoms: _____

_____

_____

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Please mark with a cross

Have you already used a contrast medium during a previous X-ray examination? (e.g. heart catheter, kidney x-ray, leg vein imaging)?		Yes ○	No ○
Have any signs of intolerance occurred?		Yes ○	No ○
Do you have an allergy (hay fever, asthma, etc.) or a hypersensitivity to patches, medications, or food?		Yes ○	No ○
Do you have a kidney dysfunction?		Yes ○	No ○
Have you been diagnosed with or treated for hyperthyroidism?		Yes ○	No ○
Do you have diabetes mellitus?		Yes ○	No ○
Are you being treated with any of the following medications? Antidiabetics of the metformin type, e.g: Glucophage, diabetase, Mediabet, Meglucon, Mescorit, Metformin, Siofor, Thiabet, Met, Glucobon, Diabesin, Biocos		Yes ○	No ○
Have CT or MRT examinations of the body region to be examined been carried out in the past? If so, where and when? _____		Yes ○	No ○
Have you had a gall bladder surgery?		Yes ○	No ○
Have you had your uterus removed?		Yes ○	No ○
Is there a pregnancy at the moment?	Uncertain ○	Yes ○	No ○

Patient information obligation: This form is kept by us for 10 years. We are obliged to provide you with a copy of this form. If you do not wish to do so for environmental reasons, please tick here:

I don't need a copy ○

With my signature I confirm the correctness of my data and agree with the examination and a possible application of contrast medium.

_____	_____	_____
date	Signature of patient (or legal guardian)	Doctor's signature

Data protection: In accordance with § 73 Abs. 1b SGB V I hereby agree that my attending physicians or consultant physicians receive a report and that the images and reports found in my case may be forwarded to me or other attending physicians by letter, fax, hybrid delivery by e-mail, referring physician portal or secured e-mail and that the images may be made accessible to these physicians. According to DSGVO I agree to the storage and further processing of my data within the scope of image evaluation, report preparation and report distribution.