

X-RAY TESTS THAT REQUIRE THE INTRAVENOUS ADMINISTRATION OF IODINE CONTRAST.

You are going to have an x-ray examination at the request of your doctor. This test uses X-Rays to study the inside of your body. Your doctor believes this test is going to provide us with information that will help us better understand and treat your illness.

As part of the examination, the administration of an iodine contrast is necessary. These substances, once injected into a vein, allow for better viewing of some internal organs and to study whether there are lesions and what type they are. Although in specific cases there may be alternative diagnostic proceedings that do not require the administration of intravenous iodine contrast, the information that is obtained is minor. In your specific case, it has been considered that this is the most appropriate diagnostic test.

In the majority of cases, the intravenous contrast injection does not cause any discomfort; however, they occasionally cause adverse side effects of different types:

1. The secondary effects caused, in most cases, are merely mild reactions that do not require treatment.
2. In 4 out of every 10,000 patients, they may produce severe reactions that require complex treatment.
3. In 1 out of every 100,000-150,000 cases severe reactions may be caused which require complex treatment.

NOTE: These risks may be greater in some circumstances, which is why it is important that you inform us if you have previously undergone studies with iodine contrast and if you had any reaction, and/or if you have any recognised illness (especially heart-related, asthma or kidney failure) or allergy to medicine or other substances.

You should know that nowadays there is no test that allows us to know who is going to have an adverse reaction.

If you would like more information, consult us and we will gladly attend to you.



PATIENT:

I have read the above information carefully and my doubts regarding iodine contrasts and the risks of their intravenous administration have been satisfactorily clarified.

I decide to give my consent so that the test is performed with an intravenous iodine contrast injection, by the appropriate professionals required and I am responsible for the consequences of my decision. I may withdraw this document whenever I desire so.

The patient _____, with Spanish Identification Number _____

Signed:

Date:

LEGAL GUARDIAN OR FAMILY MEMBER:

I know that _____

- Delegates their responsibility at this moment
- Is not responsible to decide at this moment

I have read the above information carefully and my doubts regarding iodine contrasts and the risks of their intravenous administration have been satisfactorily clarified.

I decide to give my consent so that the test is performed with an intravenous iodine contrast injection, by the appropriate professionals required and I am responsible for the consequences of my decision. I may withdraw this document whenever I desire so.

I, _____, with Spanish Identification Number _____

Signed:

Date:

