

RapidSound, Inc / Green Valley Imaging
450 W Continental Rd
Green Valley, AZ 85622
520.625.7670

Name: _____
Last First Middle

Your doctor has requested an X-Ray to be performed with IV contrast. This procedure is performed by injecting contrast into a vein or into the spinal canal for myelography. After the contrast is injected, the area of interest will be imaged by an X-Ray technique.

Because the contrast material is injected, you **may** experience some symptoms during the test. The symptoms are usually mild and short-lived. Symptoms **may** consist of a metallic taste in the mouth, warm sensations in the chest and groin regions. This flash may last anywhere from seconds to a few minutes.

Occasionally, allergic reactions are experienced to the IV contrast material. These usually involve itching or hives. Very rarely is it reported that patients have a severe reaction to the IV contrast requiring emergency treatment. The most severe type of reaction could interfere with your ability to breath for a temporary period of time, but is extremely rare. It is not possible to advise you of every possible complication, however, every precaution to avoid these situations are being taken.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS PROCEDURE, PLEASE ASK BEFORE YOU SIGN THIS FORM.

Signed: _____

Witnessed: _____

Date: _____