Radiologische Gemeinschaftspraxis Korbach

Information Sheet for CT Examination

Name:_ **Date of Birth:** _ _ _ _ _ _

Family Doctor: _ _ _ _ _ _ _ _ _ _ _ _

Dear Patient,

as part of the planned computed tomography (CT) examination, it may be necessary to administer an iodine-containing contrast agent. This helps to visualize certain structures in your body more clearly, allowing for a more accurate diagnosis.
Please note that the CT examination involves exposure to radiation. The radiation dose will be kept as low as possible; however, a certain level of risk remains.

We would also like to inform you about possible side effects of the contrast agent:
Although rare, temporary pain in the arm or extravasation (leakage of fluid into the surrounding tissue) may occur.

In rare cases, organ damage, particularly affecting the kidneys, thyroid gland, or liver, may occur. Very rarely, allergic reactions of grades I–IV may occur, including immediate, delayed, or late reactions such as skin rash/hives, shortness of breath, or circulatory problems.

If you have any known allergies, kidney problems, or other pre-existing medical conditions, please inform the medical staff beforehand. We will carefully monitor your condition during and after the examination.

Since these reactions occur more frequently in patients with known allergies, please answer the following questions on the next page:

Please turn over → →

Radiologische Gemeinschaftspraxis Korbach

CT Examination Questionnaire

Please tick as appropriate:

1. Have you ever had a contrast agent injected into a vein (or artery)?
   Yes _____ No _____ Other remarks _____

2. Did you experience any adverse reactions?
   Yes _____ No _____ Other remarks _____

3. Do you have any known allergies?
   Yes _____ No _____ Other remarks _____

4. Are you pregnant?
   Yes _____ No _____ Other remarks _____

5. Do you currently have an infectious disease?
   Yes _____ No _____ Other remarks _____

6. Do you suffer from asthma?
   Yes _____ No _____ Other remarks _____

7. Do you have an overactive thyroid gland?
   Yes _____ No _____ Other remarks _____

8. Do you have impaired kidney function?
   Yes _____ No _____ Other remarks _____

9. Do you have diabetes mellitus treated with metformin?
   Yes _____ No _____ Other remarks _____

10. Have you previously undergone surgery in the body region that will be examined today?
    If yes, when? _____

By giving your consent, you agree to undergo the CT examination, including the possible intravenous administration of contrast agent.
You have the right at any time to ask questions or to stop the examination.

I hereby consent to the administration of an iodine-containing contrast agent. O

I expressly refuse the administration of a contrast agent. O

I hereby consent to the proposed examination, waiving the 24-hour obligation for prior information.

Korbach, dated _____ Signature: _____