Thank you for choosing Oregon Imaging Centers. Your healthcare provider has ordered a CT examination to monitor your health. Images taken today will be read by a radiologist and a report will be sent to your healthcare provider within 2-3 business days. If you wish to receive a copy of your results, please complete the Request for Health Records form available at the front desk.

Following is important information about your CT exam.

**Iodine Intravenous (IV) Contrast Injections**
Your exam may require injection of an iodine contrast agent used to increase clarity and diagnostic accuracy. Although the exam may be completed without contrast, the ability to detect abnormalities may be reduced. Anytime there is an injection of a material into the body, there is a possibility of a reaction. Most reactions are minor, such as nausea. Severe reactions, resulting in itching or hives or difficulty breathing, occur in less than 1% of patients.

**Abdominal or Pelvic Exams with Oral Contrast**
You may be asked to drink approximately 30 ounces (900ml) of an oral contrast agent. The type of oral contrast may vary based on your history and the indications for the exam.

Please make your technologist immediately aware if you experience any symptoms following the administering of an injected or oral contrast.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Is there any possibility that you might be pregnant?  
   - Yes  
   - No

2. What concerns or problems led you to see your physician?  

3. Have you had surgery in the area of today’s exam?  
   - Yes  
   - No
   
   If yes, please specify:

**COMPLETE THIS SECTION IF YOUR EXAM INCLUDES IV INJECTIONS:**

4. Have you ever had an intravenous (IV) injection for an x-ray, angiogram or CT scan?  
   - Yes  
   - No

   If yes, did you have any problems or complications with it?  
   - Yes  
   - No

   Please explain:

5. Have you been diagnosed with any of the following: (check all that apply)  
   - Diabetes  
   - Kidney/Renal disease or failure

6. If you are diabetic, do you take any of the following medications?  
   - ActoPlus Met  
   - Avandamet  
   - Fortamet  
   - Glucophage

   - Glucophage XR  
   - Glucovance  
   - Glumetza  
   - Janumet

   - Metaglip  
   - Metformin (generic)  
   - PrandiMet  
   - Riomet