

**DIAGNOSTIC IMAGING
ASSOCIATES, P.A.**



Omega Imaging Associates, L.P.

The Head, Spine, and Vascular Imaging Center

CONSENT TO INTRA-ARTICULAR INJECTION OF CONTRAST MATERIAL

PATIENT : _____

DATE: _____ TIME: _____

I hereby authorize Dr. _____ and his assistants or technicians to inject the contrast material within my body for the:

_____ procedure.

The procedure has been explained to me and I am aware of the potential risks, consequences or complications involved with this procedure and I have read (or have had read to me) the possible complications on the reverse page.

I certify that no guarantee or assurance has been made to me covering the results of this procedure.

I certify that I have read (or have had read to me) and understand this authorization.

WITNESS

PATIENT'S SIGNATURE

WITNESS

PARENT'S SIGNATURE

PLEASE TURN PAGE **121212**

POSSIBLE COMPLICATIONS OF INTRA-ARTICULAR INJECTION OF CONTRAST MATERIAL

This is just an enumeration of the possible reactions encountered during an intra-articular injection of contrast material.

MILD REACTIONS:

- Hives
- Pain
- Swelling

MODERATE REACTIONS:

- Urticaria
- Facial edema
- Bronchial spasms
- Laryngeal edema
- Transient drop in blood pressure
- Inflammation in the joint
- Infection in the joint

SEVERE REACTIONS:

- Angina
- Chest pain
- Convulsions
- Paralysis

FATAL REACTIONS OCCUR MOST FREQUENTLY IN PATIENTS OVER 50 YEARS, WITH PRE-EXISTING CARDIOVASCULAR OF RESPIRATORY DISEASES

Risk of infection in the joint Nationwide is: 1/25,000

If you are aware of any allergies, please let the technologist know.