



**DIAGNOSTIC  
IMAGING  
ASSOCIATES**

**MYELOGRAM  
FORM**

CONSENT TO INTRATHECAL INJECTION OF CONTRAST MATERIAL

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

I hereby authorize Dr. \_\_\_\_\_ 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 of 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 

**PREMYELOGRAM INSTRUCTIONS AND POSSIBLE RISKS AND REACTIONS  
TO INTRATHECAL INJECTION OF CONTRAST MATERIAL.**

The test consists of a lumbar puncture followed by injection of contrast material within the spinal canal. The dye will show the nerves inside the spinal canal. After the dye is inserted, a few X-rays will be taken. The test lasts about 45 minutes.

After the test, you will remain in the recovery area for 1 hour. You will stay in a sitting position and will be checked regularly by our technologists. A post-myelogram C.A.T. scan might also be done.

Please circle **YES** or **NO** to each of the following questions:

- |   |     |    |
|---|-----|----|
| -Are you allergic to IODINE or X-RAY DYE?                                   | YES | NO |
| -Do you have a history of EPILEPSY?   | YES | NO |
| -Do you have a history of ALCOHOLISM?                                       | YES | NO |
| -Have you had treatment with ANTIDEPRESSORS?                                | YES | NO |
| -Are you currently taking any ANTICOAGULANTS<br>(blood thinners) of ASPIRIN | YES | NO |

**MILD REACTIONS WHICH REQUIRE NO TREATMENT:**

- Headaches
- Vomiting
- Nausea
- Increased back or leg pain

**OTHER LESS LIKELY COMPLICATIONS:**

- Infection
- Inflammation of the nerves due to local reaction of the dye
- Paralysis

When you leave the office, you will be given some medication for possible headaches, nausea, vomiting or pain, and a separate sheet of instructions will be given to you.