

*Steinberg Diagnostic Medical Imaging Centers*

**Consent to Treat Minor: Invasive Procedure: This form must be notarized.**

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

I, The Parent or Guardian of \_\_\_\_\_

Give My Consent For SDMI To Perform The Following Procedure:

\_\_\_\_\_

With Sedation Of \_\_\_\_\_ And Possible Injection Of \_\_\_\_\_

In Case of Emergency, Parent / Guardian Can Be Reached at: \_\_\_\_\_

**Primary Insurance**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Policyholder: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Policyholder Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Policyholder Birth Date: \_\_\_\_\_ Sex \_\_\_\_

Policyholder employer: \_\_\_\_\_

**Secondary Insurance**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Policyholder Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Policyholder Birth Date: \_\_\_\_\_ Sex \_\_\_\_

Policyholder Employer: \_\_\_\_\_

I understand that I am financially responsible for all services rendered to my child.) \_\_\_\_\_ (initial)

I have read and understand the Consent for Intravascular Contrast Material Injection Form or the biopsy consent form ( if applicable to the procedure listed above) \_\_\_\_\_ (initial)

Name of Person Accompanying Minor: \_\_\_\_\_  
(must be over 18 years of age)

History of Illness or

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_



## *Steinberg Diagnostic Medical Imaging Centers*

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Referring Physician \_\_\_\_\_

### **Consent for Intravascular Contrast Material Injection**

Your child's physician has scheduled him / her for an X-ray examination that requires injection of a contrast agent in your bloodstream. As you know, an X-ray is a picture of what is inside you. The contrast agent (also termed "contrast media" or X-ray dye) show up white on X-ray film or CT scan images and helps the radiologist interpret the X-rays or CT scans.

The contrast media is given through a small needle placed into a vein, usually on the inside of the elbow or on the back of the hand, or through a catheter, if angiography is being performed. Normally, contrast material is considered quite safe, however, any injection carries slight risk of harm including injury to a nerve, artery, or vein, infection, or reaction to the material being injected. Occasionally a patient will have a mild reaction to the contrast agent and develop sneezing or hives. Uncommonly (1 in 1000) a serious reaction to the contrast occurs. The physician and staff of the X-ray department are trained to treat these reactions. Very rarely ( 1 in 40,000) death has occurred related to contrast administration; the risk of such sever consequence is similar to that from administration of Penicillin.

People who are at higher risk for adverse effects of contrast are:

- 1) People who have already or before had a moderate or severe "allergic like" reaction to contrast material which required treatment;
- 2) People with severe allergies or asthma;
- 3) People with severe incapacitating heart disease;
- 4) People with multiple myeloma, sickle cell disease, polycythemia, or pheochromocytoma;
- 5) People with severe kidney disease, particularly if was caused by diabetes.

**IF YOU BELIEVE YOUR CHILD IS IN ONE OF THE ABOVE CATEGORIES, PLEASE NOTIFY THE TECHNOLOGIST, NURSE, OR RADIOLOGIST**

**IF YOUR CHILD IS TAKING GLUCOPHAGE, PLEASE NOTIFY THE TECHNOLOGIST, NURSE, OR RADIOLOGIST FOR SPECIFIC INSTRUCTIONS REGARDING RESUMING GLUCOPHAGE MEDICATIONS.**

Steinberg Diagnostic Medical Imaging uses non-ionic contrast for all X-ray studies. Non-ionic contrast agents are reported to be safer than conventional ionic agents.

I, \_\_\_\_\_ have read the above and give my consent for my child to have the above procedure performed. I understand that in spite of every skill and prudent effort made to avoid complications during this examination, there is no guarantee that complication will not occur.

If you have any questions, please ask the technologist, nurse or radiologist.

I have read the above and have had my questions answered.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_