



**MEDICAL PARK IMAGING**  
 AN IMAGING CENTER  
 THAT'S CENTERED AROUND YOU  
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### INTRAVENOUS PYELOGRAM I.V.P.

Your doctor has requested us do an intravenous pyelogram which is an examination of the kidneys, ureters, and bladder. For your safety and better interpretation, please carefully read and answer the following:

Special opaque material or "contrast", about 4 ounces, is injected into your vein allowing your kidneys to be seen on x-rays. The duration of the exam depends on what problem your doctor has requested us to solve, usually lasting about half hour.

Occasionally, a reaction occurs. Reactions in general, are mild and readily handled. In 1 in 200,000 cases, death may occur. There is no dependable way to predict who will have trouble.

**If you have severe medical problems or have had past allergic reactions, we will request that the examination be done in a hospital.**

Have you had an allergic reaction to IV contrast in the past? Yes No

Are you diabetic? Yes No Are you taking Glucophage or Glucovance?

Do you have severe allergies? Yes No Do you have heart disease? Yes No

Do you have high blood pressure? Yes No

Do you have kidney disease? Yes No

Are you taking medications? Yes No please list: \_\_\_\_\_

Have you had a previous urogram? Yes No when: \_\_\_\_\_

Any reactions? Yes No if so, what kind? \_\_\_\_\_

Is there any chance of pregnancy? Yes NO

Reasons for examination? \_\_\_\_\_

*If you have any questions regarding the exam, please feel free to speak with the technologist.*

I attest the above information is correct to the best of my knowledge. I have read and understood the contents of this form.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_