



MEDICAL PARK IMAGING
 AN IMAGING CENTER
 THAT'S CENTERED AROUND YOU
 www.medicalparkimaging.com

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Medical Park Imaging Pre-Screen CT Form

Certain patients may have reactions to contrast material used for CT Scans. To determine if it is safe for you to receive IV contrast, please read over the form carefully and fill in the appropriate questions.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever had a previous reaction to IV contrast? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been diagnosed with ASTHMA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you use an inhaler or any kind of breathing device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there any possibility of PREGNANCY? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you Diabetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently taking : Avanda Met, Metformin, Metaglip, <i>Glucophage</i> , <i>Coumadin</i> , or <i>Glucovance</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you allergic to seafood or iodine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have kidney or heart disease? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE, PLEASE CALL OUR OFFICE. YOU MAY HAVE TO BE PRE-MEDICATED BEFORE IV CONTRAST MATERIAL CAN BE GIVEN.

(973) 696-5770

FOLLOWING YOUR EXAMINATION, THE TECHNOLOGIST WILL REMOVE THE IMAGES FROM THE COMPUTER AND THE RADIOLOGIST WILL READ THEM. A REPORT WILL BE SENT TO YOUR DOCTOR(S) WITHIN 24 HOURS. IF YOU HAVE ANY QUESTIONS, DO NOT HESITATE TO ASK THE TECHNOLOGIST.

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

Patients Name: _____

Patients Signature: _____ **Date:** _____

Technologist: _____