



MEDICAL PARK IMAGING

330 Ratzler Road
Wayne, NJ 07470
(973)696-5770

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. Thank you.

- | | YES | NO |
|---|-------|-------|
| 1. Have you ever had a previous reaction to IV contrast? | _____ | _____ |
| 2. Have you ever been diagnosed with ASTHMA? | _____ | _____ |
| 3. Is there any possibility of pregnancy? | _____ | _____ |
| 4. Are you a DIABETIC? | _____ | _____ |
| 5. Are you currently taking: <i>Avanda Met, Metformin, Metaglip, Glucophage, Coumadin, or Glucovance?</i> | _____ | _____ |
| 6. Do you have: <i>Kidney disease, Heart disease, Hypertension, Lupus, or Multiple Myeloma?</i> | _____ | _____ |

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.

Patient's name: _____
Patient's signature: _____ **Date:** _____
Technologist: _____