

CONSENT STATEMENT
For CT (Computed Tomography) examination

I hereby declare that I received the following information about the aforementioned medical procedure:

1. Aim of the procedure: To acquire precise imaging information about my malady for planning the treatment. By using x-rays and by the aid of a computer we produce tomograms, and by processing these images we determine the diagnose.

2. Technique of the procedure: The examination is carried out in a horizontal position, and your cooperation is necessary. Besides being motionless, proper respiration is also needed during abdomen and chest examinations. The patient can also receive contrast agent orally or by irrigation during an abdominal CT-examination. Intravenous contrast agent may be used during all types of CT-examinations, so please report your drug or any other allergy for us.

I have drug or any other allergies: Yes No

What kind of allergy do you have?.....

The following preparation is needed for the examination:

For 4 hours before the examination the patient should not eat (Until this time the patient should only eat light food), but can drink water and take their medications.

3. Possible dangers of the examination and previous experience:

The examination is not painful. After the injection of the intravenous contrast agent the following may happen: feel of warm, nausea, vomiting, dizziness, fast heartbeats, itchy skin, urticaria, and very rarely (in a few percent of the cases) more serious side-effects may occur. We are prepared to protect or treat you in these cases.

The dose of received X-rays may be significantly larger than conventional radiograms.

It is essential to tell us if you are pregnant.

Do I know of:

Thyroid function disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Renal function disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you take one or more of the following medications, skip it from 2 days before the examination to 2 days after the examination:

ADEBIT, ADIMET, AVANDAMET, MAFORMIN, MEFORAL, MEGLUCON, MERCKFORMIN, METFOGAMMA, METVIVIN, STADAMET, EUCREAS, HUMA-METFORMIN, JANUMET, METFORMIN HEXAL, METFORMIN-BMS, METFORMINE-TEVA, MET WIN, SIOFOR, VELMETIA, COMPETACT, JENTADUETO, KOMBOLIZE, METFORMIN 1A PHARMA, METFORMIN ACTAVIS, METFORMIN BLUEFISH, METFORMINMYLAN, METFORMIN SANDOS, METFORMINVITABALANAS, METFORMIN CHINOIN, MYLMET, SYNJARDY, VIPDONET, XIGDUO !!!

4. Possible dangers of cancelling this process:

Cancellation of the examination or of the injection of contrast agent sets back the chance of proper diagnose.

5. By underlining this statement I agree to undergo the aforementioned examination

I agree

I don't agree

To be injected with contrast agent.

I agree

I don't agree

I made my decision when all my questions regarding the examination have been answered, so I have the necessary information. I acknowledge that any undiscovered maladies and variations I might have may pose hazards different from the average during the examination.

Keszthely,

Signature of patient

or the legal representative's signature

Patient's name:		Name of legal representative	
Date of birth:		Date of birth:	
TAJ:			
Place of birth:		Place of birth:	
Address:		Address:	

I The unneeded part must be crossed out

II. In case of legal incapacity, only the legal representative can sign instead of the patient.

6. If you have any questions about the aforementioned information, feel free to contact the personnel executing the examination, who can arrange a discussion with a doctor.

7. Notes: (must be filled in case of a medical consultation):

.....
Assigning doctor

8. Based on the patient's medical state, informing him/her is impossible, and he/she can't sign the consent statement. We execute the examination at the request of...

9. The examination is carried out by:

Operator Assistant