

Date: ____/____/____ (MRN): _____ Date of Birth: ____/____/____

Name: _____ Weight: _____ Height: _____
Last Name First Name Middle Initial

Body part to be examined: _____ If applicable, which side? Right Left

- Yes No Do you have another appointment after your exam? If yes, where? _____
- Yes No Have you had a Barium study within the past two weeks?
- Yes No Do you have a Power Port, Central Access or IV access?
- Yes No Are you currently on Dialysis?
 Hemodialysis Peritoneal Dialysis
- Yes No Have you ever had IV Contrast (also known as x-ray dye) injection?
- Yes No Have you ever had an allergy or reaction to IV contrast? Check all that apply:
 Rash, Hives Nausea, Vomiting Swelling; eyes, face Shortness of Breath Other
- Yes No Has your doctor advised you not to receive IV Contrast?
- Yes No Have you ever had an allergy to Oral Contrast?
- Yes No Do you have any known allergies to medication, food, or seasonal? Please list below:

- Yes No Have you taken medication to prepare for this exam? If yes, please list below:

- Yes No Are you currently taking a medication known as Hydroxyurea?
- Yes No Are you currently on Chemotherapy?
- Yes No Do you have asthma?
- Yes No Do you have any of the following conditions? Check all that apply
 Multiple Myeloma Kidney Surgery (partial/single/transplant)
 Diabetes Kidney Disease
 High Blood Pressure treated with Medication
- Yes No Is there a reasonable possibility that you may be pregnant?
- Yes No Are you breast feeding?

Patient/Guardian signature: _____ Date _____

RT/RN Signature: _____

Staff use only:	GOOD to GO FORM	<i>(technologists please initial)</i>
Actively verify Patient ID/DOB with ID band & exam form: _____		
Confirm correct exam (body part, position, protocol) _____	_____	<input type="checkbox"/> WO -Contrast
Confirm the correct is protocol selected in the scanner: _____		
<i>Contrast verification</i>		
Patient allergies: _____	Contraindications: _____	
eGFR reviewed: _____	Power Injector prepared by: _____	
RT signature: _____ RT signature: _____		