Radiologische Gemeinschaftspraxis Korbach

Name:_____DoB:____

	General practitioner:
Dear c	customer,
contra During the arr Allerg thorou	re supposed to undergo a computed tomography. In some cases, the intravenous injection of a st-agent is necessary. g the injection, you might suffer warmness, in very few cases nausea and vomiting or a pain in m. Allergic reactions may occur with itching, breathlessness or circulatory problems. ic reactions more oftenly occur in patients with preexisting allergies. Therefore, we ask you to aghly answer the following questions:
	e check the appropriate:
1.	Have you ever got an injection with a contrast-agent before? yes no remarks
2.	Did you suffer side effects during or after the injection? yes no remarks
3.	Do you have knowledge of other, allergic reactions? yes ne remarks
4.	Are you pregnant? yes no remarks
5.	Do you momentarily suffer an infectious disease? yes no remarks
6.	Do you suffer an asthmatic disease? yes no remarks
7.	Do you know whether you have hyperthyroidism? yes no remarks
8.	Is there a known dysfunction oft he kidneys? yes no remarks
9.	Are you diabetic and do you take drugs containing Metformin? yes no remarks
If you	have further questions, our doctor will be pleased to answer them.
I have	no further questions and agree to the suggested examination .
Korba	ch, signature:
Decla	ration of consent:
to thos	ding to § 73 Abs.1b SGB V I hereby agree, that the results of my examination may be forwarded se doctors who treat me and that Dres. Herrmann/Bartels/Hoenle are allowed to obtain medical nations from other medical professionalists.
Korba	ch, signature: