

CHART# _____

DDA HEALTH TEXAS

THIS PAGE IS TO BE FILLED OUT WHEN YOU ARRIVE FOR YOUR EXAM

I understand the procedure and give permission for the intravenous injection of contrast material.

Patient/Guardian Signature

Date: _____

Witness Signature

Date: _____

TO BE COMPLETED BY DEPARTMENTAL STAFF

Exam(s): _____

Dx: _____

Contrast Type: _____

Amount: _____

NDC # _____

Injection Site Information:

Angiocath

____ 18 ga.
____ 20ga.
____ 22ga.

Butterfly

____ 19ga.
____ 21ga.
____ 23ga.
____ 25ga.

Injection Site

____ Antecubital R__L__
____ Forearm R__L__
____ Hand R__L__
____ Wrist R__L__

Technologist: _____

Date: _____

Radiologist: _____

Date: _____