

## **CT POST CONTRAST INSTRUCTIONS**

-	icility for your exam. We are focuse During your exam, you were cared	_	• .
Today, you had a Computed To	omography (CT) imaging procedure		
rarely causes allergic reactions pain or tightness, shortness of symptoms, please call your phy problem in the area of the injec-	ection of a contrast material contain, however, in the event you experied breath, extreme dizziness, itchinest visician, call 911, or go to the neare extraction after 24 hours, such as redness an IV injection and are breast feed 24 hours.	ence any s, hives o st Emerg ss, swellin	tightness in your throat, chest or other unexplainable ency Room. If you experience a ng or soreness, please contact
thyroid tests if these are neede exam if you have future thyroid	crast containing iodine. The iodine in the future. Inform the attendir d tests. This drug may cause abdom neartburn, dizziness, or headache in	ng physic ninal crar	ian at that time about this nping, nausea, vomiting,
images. There are usually no s barium. If you develop a rash, call 911, or go to the nearest E	rast containing barium to help som de effects from this procedure. Rar hive, swelling or difficulty breathing mergency Room. If you are prone t physician such as Milk of Magnesia	ely some g, contact to constip	eone can have an allergy to the t your physician immediately, pation, you should take a mild
	thirty-two (32) ounces of water ov r for instructions to help clear any		•
the taking of prescribed medica	ries or activity limitation as prescrib ation, eating and drinking. However vance, etc.) and you received an IV ur Metformin medication.	, if you a	re taking a Metformin based
physician within 24-72 hours.	by a Radiologist and in most cases, The results of the exam will be prove you to contact the ordering physic the results after 72 hours.	ided to y	ou by the physician who
Print Patient Name:			
Date of Birth:	Date of Exam:		
IV Contrast Name:	Injection Amount:	mL	Attach patient label if available
Oral Contrast Name:	Ingested Amount:	mL	
Account/Facility Name:			

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