



## PATIENT CONSENT FOR SCREENING CT EXAMINATIONS

**Patient Rights:** You have the right, as a patient, to be informed of the risks and hazards in the diagnostic procedures to be performed. This is simply an effort to make you better informed, not alarm you, so you may give or withhold your consent to the procedure. Please read the entire consent form.

<b>Type of Scan:</b>	<input type="checkbox"/> Heart Screening (Section B)	<input type="checkbox"/> Full Body Scan (Sections C / D)
	<input type="checkbox"/> CT Colonography (Section E)	<input type="checkbox"/> Pulmonary Nodule Screening (Section C)
<input type="checkbox"/> I have a primary care physician.	My physician is _____	
<input type="checkbox"/> I do not have a primary care physician (See Section H)		

### Section A: Consent Form

I voluntarily consent and authorize a radiologist employed by *Pueblo Radiology Medical Group*, a radiology professional corporation, to supervise this examination. They may also utilize technical assistants and other health care providers that they deem necessary to provide this service for me.

I realize that there is a radiation exposure associated with this CT procedure. I understand that this is only a screening procedure and the possibility exists that abnormalities may be found. If such abnormalities are found, I understand that further testing and/or diagnostic procedures may be needed to evaluate a CT finding. Further tests, if needed, may be performed at any healthcare facility that I designate. Such tests and/or procedures may entail additional costs for which I will be responsible, if not covered by my health insurance carrier.

### Section B: Heart Screening

I understand heart (coronary artery calcium) screening is primarily for detecting vascular calcifications in my coronary arteries. This serves as a strong, but not absolute, predictor of atherosclerotic disease (heart vessel plaque build-up).

### Section C: Chest / Pulmonary Nodule Screening

I understand that CT scanning is more sensitive than chest x-rays for the detection of cancers in the chest. It, however, will also detect other suspicious findings (like old inflammation) that are indeterminate and will require further testing and follow-up to exclude cancer. This scan is done without oral or intravenous contrast material (dye).

### Section D: Neck, Chest, Abdomen and Pelvis Screening

I understand that these scans are done without oral or intravenous contrast material (dye). It may be sufficient to screen my neck, chest, abdomen, and pelvis for vessel calcification and aneurysm, or to detect tumors that change the contour or brightness of my internal organs. Screening without contrast agents, however, is not as sensitive as contrast-enhanced diagnostic studies for the detection of cancers of these organs; including, but not exclusively, the liver, kidneys, pancreas, and ovaries.

### Section E: CT Colonography

I understand that CT Colonography is done to visualize polyps within the colon and may reveal other abnormalities in the abdominal and pelvic regions; some very small polyps may not be seen on this exam that later reveal themselves in future testing. Findings from this test may require follow-up including colonoscopy with biopsy / polyp removal.

Over....

**Section F: Early Detection**

I further understand that tumors are many times benign, but require follow-up studies (contrast-enhanced CT scans, ultrasound tests, nuclear medicine or MRI examinations) for further evaluation. Many times the early detection of cancer can improve treatment and enhance survivability.

**It is important, therefore, that I understand that if I have symptoms, or have had a cancer, or I am at high risk to develop cancer, this study will be insufficient to fully assess my condition.**

**Section G: Self Referral**

I acknowledge that I am currently an asymptomatic patient and have not had any past medical problems that required a specific diagnostic CT scan.

- This survey examination does not replace routine history and physical evaluations by my physician, and I am seeking this examination on my own volition.
- Positive findings may require follow-up definitive testing.
- **Negative results do not absolutely exclude active disease processes.**

**Section H: No Primary Care Physician**

You have indicated that you would like to have a CT screening examination and do not have a physician to whom this report can be sent. You will be provided a complete transcribed report of any pertinent findings identified on your screening CT scan, by one of the radiologists of *Pueblo Radiology Medical Group*.

The physicians of *Pueblo Radiology Medical Group* are radiologists and will discuss any of the imaging findings that may arise on your screening scan. They are, however, not primary care physicians and will not serve in the capacity of a primary care physician for you. As noted in *Section A*, you may require additional testing and/or follow-up based on the findings discovered on this scan. Pueblo Radiology will assist you in finding an appropriate physician to follow-up any findings should you request our assistance.

**Section I: Hospital Lists**

If you feel that your situation is of an emergent nature, services can be provided under the Health and Safety Code, Section 1317 by the local hospital in your area.

**Section J: Acknowledgement**

I have read and understand the above consent provided by *Pueblo Radiology Medical Group*, and acknowledge that this is a screening test only and does not imply any responsibility by *Pueblo Radiology Medical Group* for undiscovered medical problems.

***Pueblo Radiology Medical Group* is not responsible for your follow-up medical care. We will be happy to discuss your medical findings with a physician of your choice.**

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

