

患者氏名 :

患者 ID :

Consent Form for Computerized Tomography (CT) Scan or Urography with a Contrast Medium

If you agree to have a CT scan or urography with a contrast medium, please sign below.

I have received a thorough explanation about contrast examinations and their risks by reading “Information about Computed Tomography (CT) Scan or Urography with Contrast Medium”, and I understand the content. As a result, I agree to have a contrast examination. (Even after you sign, you can withdraw your agreement at any time.)

I also agree that the use of contrast medium can be cancelled based on the decision of the doctor in charge of my examination and/or the radiologist.

Date of agreement (YYYY/MM/DD): _____ / _____ / _____

Patient's name : _____ **(print)**

Patient's signature : _____

Patient's address : _____

Representative's name : _____ **(print)**

Representative's signature : _____ **(relationship to patient: _____)**

Representative's address : _____

If you refuse to have a contrast examination, please read the following statement. If you understand it, please sign below.

I have received an explanation about the necessity of a contrast examination; however, I refuse to have a contrast examination. I will not hold my doctor, doctor in charge of examination, or hospital liable regarding the consequences of my decision.

Date of signature (YYYY/MM/DD): _____ / _____ / _____

Patient's name : _____ **(print)**

Patient's signature : _____

Patient's address : _____

Representative's name : _____ **(print)**

Representative's signature : _____ **(relationship to patient: _____)**

Representative's address : _____

I provided the explanation about contrast examinations to the person who signed above.

Date of explanation (YYYY/MM/DD): _____ / _____ / _____ **Department:** _____

Attending doctor: _____ **Seal**

I confirm that the patient (or his/her representative) above has agreed or refused to have a contrast examination by signing this document.

Date of confirmation (YYYY/MM/DD): _____ / _____ / _____ **Department:** _____

Attending doctor: _____ **Seal**

*If the patient is a minor who does not have the ability to agree, or cannot agree and sign because of a lack of consciousness or other medical condition, the signature on the “Representative” section above must be provided by a parent, guardian, responsible adult, or relative.