



CARDIOVASCULAR CT STUDIES

CONSENT FORM (Patient responsibility before study)

Printed Name _____ DOB ____/____/____ Date ____/____/____

What is a CT Scan of the Coronary Arteries (CCTA)?

The blood vessels that supply blood to the heart are the coronary arteries. A coronary CT angiography (CCTA) is an imaging test that uses an ultra-fast computed tomography (CT) scanner and intravenous (IV) contrast (dye) to create detailed pictures of the coronary arteries.

What to Expect:

- You will have your blood pressure and heart rate monitored. You will be assessed by a cardiologist. You may require additional medication.
- You will have a cannula (plastic needle) inserted in the vein near your elbow and ECG leads placed on your chest.
- You will be given GTN (Nitroglycerin) under the tongue just before the scan to relax your coronary arteries, helping us to obtain the best images possible. This may give you a mild headache.
- You may notice a warm sensation and a metallic taste during the contrast injection. This is normal.
- For some scans, you need to hold your breath for up to 15 seconds and to lie flat for about 5-10 minutes.
- Although the scan time is fast - a couple of seconds, the process is more time consuming. Allow at least 2 hours.
- Allow for post procedure care and monitoring for a short period of time after the completion of the examination. The effects of betablockers should wear off after half a day, but please consider organizing someone else to provide transport home, especially if you live far away.

What are the Risks?

- As with any medical procedure, there are some small risks associated with the scan:
- Radiation: X-rays are used during the scan. Typical dose around 1mSv – 4mSv depending on patient size and technique. At the lower dose, this amount of radiation is about the same amount of background radiation that you receive in a year from natural sources, such as cosmic rays.
- Contrast Reaction: Very rarely people experience an allergic reaction to the contrast (dye). This usually manifests as an itchy rash, which settles down by itself. Asthmatic patients may experience worsening of their asthma shortly after the injection. Patients with kidney failure require cautious contrast injection as contrast can (usually temporarily) worsen kidney function.
 - There is a 1 in 250,000 chance of a life threatening (anaphylactic) reaction.
- Contrast leakage: Very rarely the contrast goes into the tissue under the skin in your arm rather than into the vein. This can cause bruising, swelling and mild discomfort. This usually resolves by itself. We will perform a test injection using saline to help prevent this from happening. In addition, a member of staff will be with you to watch the injection

After your scan:

- For your exam today, you received a special intravenous contrast media called IV Contrast. This is a clear, colorless fluid that is removed from your body through the kidneys.
- Resume your usual diet and medications.
- To help flush this contrast from your system, and replace fluid you may have lost from the prep, we recommend that you drink extra liquids today. If your doctor has not ordered you to restrict your fluids, try to drink at least ten 8-oz. glasses of fluids (i.e., juice, milk, coffee, water, tea, soft drinks) in addition to what you normally drink with your meals.
- If you are nursing it is recommended that after a contrast injection you wait a period of 24 hours and discard of breast milk before resuming breast feeding.
- It is not likely for you to have any problems once you leave the clinic, however, the following situations may indicated a side effect from the contrast, requiring medical attention:
 - You notice a red line leading up your arm.
 - Your arm feels warm and painful especially at the puncture site.
 - You develop a fever over 100 degrees Fahrenheit orally.
 - You develop a rash or hives.

To report any of the above side effects or for answers to any questions or concerns, please call your doctor or the nearest Emergency Department or clinic.



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Patient Consent And Disclosure

You have the right, as a patient, to be informed about the recommended diagnostic procedure to be performed so that you may make a decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you. It is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

I (we) voluntarily request South Tampa Cardiology, LLC and such associates; technical assistants, nurses and other health care providers as deemed necessary, to perform the procedure of a computerized tomography scan (CAT scan) of one or more portions of my body in order to visualize pertinent vasculature (blood vessels).

I (we) understand that no warranty or guarantee has been made to me as to result or cure.

Just as there may be risks in continuing my present condition without diagnosis or treatment, there are also risks and hazards related to the performance of diagnostic procedures planned for me. I (we) realize that common to diagnostic procedures is the potential for infection, blood clots, hemorrhage, allergic reaction and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure: injury to blood vessel, swelling, pain, tenderness or bleeding at the site of blood vessel puncture, aggravation of the condition that necessitated the procedure, allergic sensitivity to injected contrast media, low blood pressure and/or low heart rate, exacerbation of underlying lung condition. The medical staff who will perform my scan are trained to recognize and treat reactions that I might have, making this test as safe as possible.

I (we) certify this form has been fully explained to me, I (we) have read it, or have had it read to me, that the blank spaces have been filled in, and I (we) understand its contents. I (we) have been given an opportunity to ask questions about my condition, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

Our practice may use AI-assisted tools, including audio recording, to help create accurate visit notes. Use of these tools is part of your routine care and your information is protected under HIPAA.

We may also use your de-identified medical and imaging data for quality improvement and IRB-approved research, including the development and validation of clinical and AI tools. No direct identifiers (such as your name or contact information) will be used, and this will not affect your care or benefits.

AI and Data Use Opt-Out: I do not want my visits audio recorded or processed with AI-assisted documentation tools nor do I want my de-identified data used for research, quality improvement, or AI tool development.

Patient's Signature _____ DOB _____ / _____ / _____ Date _____ / _____ / _____

Witness Signature _____ Date _____