

Dear Patient,

You are about to undergo an examination by Computer Tomography. The Computer Tomography is an imaging method that allows the visualization of organs that are not accessible from the outside of the body. To do so, a scanner unit consisting of an X-Ray tube and a detector rotates around your body, thus enabling the exposure and three-dimensional display of the organ to be examined. At this point, we would like to explain the procedure and inform you about any potential risks.

### **Procedure**

- The examination takes usually around 30 minutes.
- During the exam, it is very important that you stay as motionless as possible. In case of eventual discomfort, you will be able to communicate with our staff at all times.
- If it is necessary, you will be administered contrast media into your vein.

### **After the examination**

You may pursue your usual activities after the exam. In case you have been administered contrast media into your vein, it is advised to drink at least 1 ½ liters of water after the examination. This helps your kidney to excrete the contrast media as fast as possible.

**In case you received a tranquillizer from us, within the next 12 hours, do not:**

- **operate dangerous machinery**
- **drive a vehicle**

Should you notice anything unusual until the following day of your examination, please contact us immediately.

### **Risks**

- As a general rule, the amount of ionising radiation emitted during an X-ray examination has a low impact on the probability of developing cancer during a lifetime. In fact, the benefits of a clinically appropriate examination outweigh the risks (see the brochure available in the waiting room or on our website [www.affidea.ch](http://www.affidea.ch)).
- In case a contrast media needs to be used, it is in rare cases possible that an allergic reaction from your body occurs.

To prevent this risk and other eventual contra-indications, we kindly ask you to answer the safety questionnaire.

We are at your disposal for any further information.

Name : _____	Date of birth: <input style="width: 100px;" type="text" value=" / /"/>
First name: _____	Weight : <input style="width: 100px;" type="text"/> kg
	Height : <input style="width: 100px;" type="text"/> cm

	YES	NO
Do you suffer from an allergy to contrast products?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any drug allergy ? If yes : which : _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any other allergy or do you have asthma? If yes, which: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from a kidney disease or kidney failure? If yes, which: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a thyroid disease? If yes, what medication are you taking ? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you diabetic ? If yes, what medication are you taking (p.e. Metformin)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take anticoagulants ? If yes : which : _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Female patients only :</b> Are you, or could you be, pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks / additional information? _____ _____ _____		
<p>By signing below, I confirm to have read the information about this exam and understood and correctly answered this questionnaire and give my consent to the conduct this exam. To better assess my case, I accept that Affidea can request previous reports or exams.</p>		
Signature of patient: _____	Date : <input style="width: 100px;" type="text" value=" / /"/>	