



Name :
Birthday : Sex :
ID :
Patient record No :

Informed Consent for Coronary Artery Calcium Scoring (CAC) and Coronary CT Angiography (CCTA)

Appointment Date: (YYYY/MM/DD): ____ / ____ / ____

Appointment Time: ____:____ ☐ AM ☐ PM

*Please arrive 10 minutes early at the Radiology Department counter 1 on the first floor.
If you cannot make it on time, please notify the Radiology Department in advance to reschedule.

※ Section 1: Health Considerations and Precautions Before the Exam

1. Current height: _____ cm
2. Current weight: _____ kg
3. Have you had any thoracic surgeries?
☐ No
☐ Yes, please specify: _____
4. Do you have any metal implants?
☐ No
☐ Yes, such as a cardiac stent, vertebroplasty, surgical metal implants;
If others, please specify: _____

Medication and Health Precautions for CAC and CCTA Exams:

- You must stop taking Levitra or Viagra 24 hours before the examination.
- You must stop taking Cialis 48 hours before the examination.
- You must avoid coffee, tea, cola, chocolate, and smoking within 12 hours before the examination to prevent fast heart rates as they can cause the images to become blurry.
- If you are unsure whether you are pregnant, are currently breastfeeding, or have any of the following conditions—allergies to contrast media, asthma, diabetes, kidney problems, anemia, heart disease, or thyroid issues—please inform the medical staff before the exam.

Scheduled Examination:

- ☐ **Coronary Artery Calcium Scoring (CAC):**
☐ This exam does not require a contrast media injection or fasting.
(Please proceed to section 3 on page 4 to sign.)
- ☐ **Coronary CT Angiography (CCTA):**
☐ This exam requires a contrast media injection.
☐ Four hours before the exam, you may eat a light, liquid diet (e.g., rice soup, juice)
☐ Begin fasting one hour before the exam and continue until the exam is completed.
☐ Continue taking your usual medications, except for hypoglycemic drugs
☐ Please read the following examination instructions carefully. Diagnostic Radiology

※ Section 2: Special Precautions Before Coronary CT Angiography (CCTA)

1. **Metformin Users:** If you are taking Metformin (Glucophage) for diabetes, you must stop taking it on the day of the examination and for 48 hours afterward to prevent lactic acidosis from the contrast media.
2. **Insulin Users:** If you require insulin injections before breakfast and dinner, you must skip the injection that is scheduled before the examination to avoid low blood sugar due to fasting.
3. **Other Contrast Examinations:** If you had any other contrast examinations within the past five days, please inform the staff.
4. **Heart Rate Control:**
 - To provide better image quality, your heart rate needs to be within a certain range.
 - If your heart rate exceeds 65 beats per minute, oral medication (Propranolol, brand name Inderal) will be used to lower your heart rate.
 - Inform the staff if you are allergic to this medication or have asthma or chronic obstructive pulmonary disease (COPD).
 - After taking the medication, you will need to wait about 30 minutes to 1.5 hours for your heart rate to decrease. Please be patient.
 - Side effects may include slow heart rate, low blood pressure, dizziness, and nausea. If you feel unwell, please inform the staff.
 - If your heart rate remains high after the medication intake, the images may be unclear, affecting diagnostic accuracy. You can cancel or reschedule the examination if needed.
5. **Use of Nitroglycerin:**
 - The doctor may provide a sublingual nitroglycerin tablet (NTG) to dilate the coronary arteries, improving image quality.
 - NTG may cause dizziness, hot flashes, or headaches.
6. **Holding Your Breath During the Exam:**
 - You will need to hold your breath multiple times (each time for about 10 seconds). Follow the staff's instructions.
 - Failure to comply may cause artifact in the images, resulting in poor image quality and affecting diagnostic accuracy..
7. **Iodine Contrast Media Injection**
 - The CCTA exam uses X-rays to create images of your body's structures, requiring an iodinated contrast media (ICM). ICM is a colorless liquid excreted by the kidneys and does not change urine color. It is helpful for diagnosis.
 - The procedure will be performed by a trained healthcare professional using sterile injection equipment to inject ICM through a vein. Generally, the injection is safe, but some patients may experience mild reactions such as sneezing, nausea, vomiting, or hives. A very small number of people may experience severe reactions.

Important Pre-Examination Questions Regarding Contrast Media Use

1. Do you currently have a fever?
☐ Yes
☐ No
2. Do you have a history of asthma?
☐ Yes
☐ No
3. Are you allergic to any oral or injectable medications?
☐ Yes, please specify: _____
☐ No
4. Do you have any allergies, especially to seafood?
☐ Yes, please describe your allergic reaction: _____
☐ No
5. Have you ever had an imaging exam that used contrast media?
☐ No
☐ Yes; did you have any reactions?
☐ Yes, please specify: _____
☐ No
6. Have you had any surgeries, including organ resection?
☐ No
☐ Yes, please describe below:

When: _____

Where: _____

Describe the surgery: _____
7. Do you have any other health issues that we should know about, such as high blood pressure, heart disease, diabetes, or kidney disease?
☐ Yes, please specify: _____
☐ No

Important Information About Contrast Media and Exam Preparation

Injecting an iodinated contrast media is necessary for this exam, which helps your doctors make a diagnosis. While there are other imaging tools available, your doctor believes that Coronary CT Angiography (CCTA) is the best option for evaluating your current symptoms and condition.

Adverse reactions to the contrast media are not uncommon. To prevent kidney damage, especially for high-risk patients, we recommend staying well-hydrated before and after the exam (except in cases of congestive heart failure). Adequate hydration is the best way to prevent kidney damage from the contrast media.

High-Risk Conditions:

If you have any of the following conditions, please check the corresponding box:

- ☐ **Congestive heart failure:** difficulty breathing, swelling in legs, fatigue
- ☐ **Severe arrhythmias:** irregular heartbeat
- ☐ **Malignant hypertension:** very high blood pressure
- ☐ **Unstable angina:** chest pain
- ☐ **Recent history or risk of heart attack**
- ☐ **Pulmonary hypertension:** high blood pressure in the lungs)
- ☐ **Major organ failure:** Failure of the liver, lungs, heart, or kidneys
- ☐ **Kidney insufficiency:** high creatinine levels > 2mg/dl
- ☐ **Acute asthma attack:** sudden worsening of asthma symptoms, such as severe shortness of breath, wheezing, or coughing
- ☐ **Diabetes with heart or kidney insufficiency**
- ☐ **Multiple Myeloma:** a type of cancer that affects the bone marrow
- ☐ **Previous allergy to iodinated contrast media**
- ☐ **Age over 75 years or under 3 years**
- ☐ **Multiple trauma with hypovolemic shock:** severe injuries causing significant blood loss and shock
- ☐ **Hyperthyroidism:** overactive thyroid gland
- ☐ **Myasthenia gravis:** disease causing muscle weakness
- ☐ **Traditional open surgery within the last 6 weeks:** Major surgery with a large incision

※ Section 3: Consent Form

By signing below, I confirm that I have fully read (or had this consent form read to me) and understand its content. I have had enough time to ask questions about the process, risks, and potential harms of this examination. I understand the examination and have sufficient information to sign this consent form. I fully agree to undergo the Cardiovascular CT Scan. In case of an emergency, I consent to receive the necessary medical care and treatment.

Diagnostic Radiology Department Contact Number: (02)2897-0011 ext. 1105

Signature of patient : _____ Date : _____ / _____ / _____

(if not signed by patient)

Name : _____ Date : _____ / _____ / _____

Relation to patient : _____ ID number : _____