

Trinitas Diagnostic Imaging

415 Morris Avenue, Elizabeth, NJ 07208
908-351-7600 (Phone) | 908-351-4406 (Fax)
www.TrinitasDiagnosticImaging.com

Contrast Assessment

If you're coming to our center for an MRI or CT test, print this page, fill out the form and bring it in with you on the day of your appointment.

FIRST NAME

LAST NAME

AGE

WEIGHT

DATE

LMP Inpatient Outpatient Emergency Center

Exam Ordered: CT IVP MRI (please check one)

Have you had this test or other x-ray tests requiring an injection of IV Contrast before?

YES NO

If yes, did you have a reaction to the injection?

YES NO

Describe the reaction

Do you have any allergies to medications?

YES NO

List

Do you have:

Diabetes YES NO Blood Disorders YES NO

Insulin YES NO Kidney Disease YES NO

Glucophage YES NO Other Medical Conditions YES NO

Asthma YES NO

Please describe other medical conditions:

Have you had any previous surgery, chemotherapy or radiation therapy?

Date

Procedure Done

Date

Procedure Done

Date

Procedure Done