

EXHIBIT 3

**Intravenous Contrast Media History—Radiology**

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Exam:  MRI  MRA

DX: \_\_\_\_\_

Area to be scanned: \_\_\_\_\_

SCr: \_\_\_\_\_ Wt: \_\_\_\_\_  
Date of last lab: \_\_\_\_\_  
CrCl:  >60  45–60  30–45  
 15–30  <15

**Y N** (check appropriate box)

- Adverse food or drug reactions List: \_\_\_\_\_
- Asthma or allergic rhinitis?  Mild  Moderate  Severe
- Recent Chemotherapy: Date: \_\_\_\_\_ Meds: \_\_\_\_\_
- Sickle Cell Disease or other Hemolytic Anemias? (Circle Diagnosis)
- Patient educated about possible side effects of IV Contrast Media
- Have you had an MRI with intravenous contrast in the last 3 months?**
- Prior MRI contrast media reaction? If Yes, Describe Reaction:** \_\_\_\_\_
- Renal Disease:**  Transplant  Nephrectomy  Peritoneal Dialysis  Hemodialysis: Freq: \_\_\_\_\_
- DNR**
- Liver transplant: awaiting or received?**
- Pregnant? LMP**

Emergent study—patient cannot communicate for him/herself.

**If Yes to any bolded question, contact Radiologist or Practitioner Designee, and document below.**

- Dr. \_\_\_\_\_ pager # \_\_\_\_\_ has been made aware of patient's medical hx.  
Name: First \_\_\_\_\_ Last \_\_\_\_\_
- Radiologist declined contrast

**IV DATA** (Check appropriate answers)

Status:  Existing (less than 20 hours)  Started in department by: \_\_\_\_\_  
Gauge:  16  18  20  22  24  Central Line  Port  
Side:  Right  Left  
Site:  Jugular  Subclavian  Upper Arm  Antecubital Fossa  Forearm  
 Wrist  Hand  Portacath  Hickman  Other \_\_\_\_\_

**CONTRAST MEDIA AGENT INJECTED** (Check appropriate answers)

Type:  Magnevist  ProHance  MultiHance  Other \_\_\_\_\_  
Volume: \_\_\_\_\_ milliliter(s) Time: \_\_\_\_\_ Injected By: \_\_\_\_\_

**COMPLICATIONS:**

None  
Reaction:  Hives  Wheezing  Mild  Moderate  Other \_\_\_\_\_  
Infiltration:  Minor  Major  
Severity:  Mild  Moderate  Severe  **Reaction noted in eBrowser**

**COMMENTS:**

Signature: \_\_\_\_\_ Time: \_\_\_\_\_ Pager/phone # \_\_\_\_\_