

## Scheduling Form

### CONTRAST MEDIA DRUG INTERACTION FORM

Patient Name:

DOB:

Age:

Sex:

MRN:

LMP:

Accession:

Exam:

Room:

On:

Patient Loc:

Diagnosis code:

SEPSIS

History:

Portable? Open MRI? Wet Reading?

Signs/Symptoms:

Comments:

Patient Allergies: Recorded

Allergen

Description

Requesting MD:

Requesting phone:

Attending MD:

Attending phone:

Report To:

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#### Pharmacist Review

*fax to Pharmacy @ (XXX)XXX-XXXX*

The following medications may increase the risk for renal toxicity:

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Avandamet®              | <input type="checkbox"/> Glucophage® | <input type="checkbox"/> Glucovance®        | <input type="checkbox"/> Glumetza®           |
| <input type="checkbox"/> Fortamet®               | <input type="checkbox"/> Metformin   | <input type="checkbox"/> Metformin/Glipzide | <input type="checkbox"/> Metformin/Glyburide |
| <input type="checkbox"/> Metformin/Rosiglitazone | <input type="checkbox"/> Riomet®     |   |  |

Patient serum creatine checked: \_\_\_\_\_ mg/dL ( $\leq 1.5$  mg/dL). Date: \_\_\_\_\_

If the patient is taking any of the above medications, there is a potential allergy conflict, or serum creatinine is  $> 1.5$  mg/dL, the Radiologist must review the order prior to proceeding.

Pharmacist: \_\_\_\_\_ Date: \_\_\_\_\_

- OK to proceed     Potential allergy conflict     Physician must review prior to proceeding

Physician: \_\_\_\_\_

for questions contact the technologist at X-XXXX

*fax back to Radiology @ XXX-XXXX*

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Last 8 Exams:

- MRI BRAIN WITHOUT CONTRAST
- CT HEAD OR BRAIN WITHOUT CONTRAST