



## CT Screen Form

1. Does the patient have a history of Asthma? Yes or No
2. Is the patient Allergic to IV Contrast? Yes or No

If any of the above questions were marked as a "Yes" then Pre-Medication needs to be ordered for the Patient.

-50 mg Prednisone P.O. 13, 7, & 1 hour prior to injection

-50 mg diphehydramine (Benadryl) P.O. or I.M. 1 hour prior to injection

3. Did the Pre-medication get ordered for the patient? Yes or No
4. Does the patient of a history of renal Disease or Hypertension? Yes or No
5. Is the patient on Metformin (Glucophage)/product with metformin? Yes or No  
Patient will need to stop 48 hours after IV contrast injection
6. Is the patient using Roferon (interferon)? Yes or No  
If "Yes" then patient will not be given IV contrast

7. Weight \_\_\_\_\_

8. If patient is over 40 has lab been drawn for contrast appointments? Yes or No  
-Labs must have been completed within 7 days of the scheduled scan time  
- Please fax labs with the order