

ZILKHA RADIOLOGY

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Patient Medical Clearance for CT Scan

Date: _____

Chart #: _____

Patient Name: _____ Date of Birth: _____

Please answer the following questions:

Any Chance you are pregnant? **YES** **NO**

Are you currently nursing/breast feeding? **YES** **NO**

Do you have any allergies to shellfish or iodine? **YES** **NO**

Do you have a history of?

Asthma **YES** **NO**

Renal Failure **YES** **NO**

Sickle Cell Anemia **YES** **NO**

Congestive Heart Failure **YES** **NO**

High Blood Pressure **YES** **NO**

Multiple Myeloma **YES** **NO**

Seizure History **YES** **NO**

Diabetes **YES** **NO** If **YES** list medication(s): _____

I hereby state that the information listed above is accurate to the best of my knowledge.

Patient or Legal Guardian Signature _____ Date _____