

Post-Contrast Allergy Instructions

Patient Information Letter

Patient Name: *(print first, last)* _____

You have received an injection of contrast to which you have had a reaction to.

- **The contrast you received was** _____ **and you received** _____ **mls.**
- **Your symptoms were** _____.
- **You were given** _____ **to counteract these symptoms.**
- **You may feel** _____ **as a result of this medication.**
- **Further instructions from the Radiologist** _____

Should you develop similar symptoms within the next 24 hours, have someone drive you directly to the Emergency Department with this document as a reference.

Bring this form to, or notify, your primary healthcare provider that you had a reaction to contrast so they may document this in your records. Please discuss with your primary healthcare provider whether or not you should have a Medic Alert product or have your Medic Alert information updated to reflect this allergy.

Further questions should be directed to your family physician or healthcare provider.

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