Procedure Risks

Patient Name					
Dadiology					
Radiology					
LIST A Procedures requiring full disclosure. The following treatments and procedures require full disclosure by the physician or health care provider to the patient or person authorized to consult for the patient.					
Angiography, aortography, arteriography (arterial injection of contrast media-diagnostic).					
Injury to artery. Damage to parts of the body supplied by the artery with resulting loss of function or amputation. Swelling, pain, tenderness or bleeding at the site of the blood vessel perforation. Aggravation of the condition that necessitated the procedure. Allergic sensitivity reaction to injected contrast media.					
Myelography					
Chronic pain. Transient headache, nausea, vomiting. Numbness. Impaired muscle function.					
Angiography with occlusion techniques therapeutic.					
Injury to artery. Loss or injury to body parts. Swelling, pain, tenderness, or bleeding at the site of the blood vessel perforation. Aggravation of the condition that necessitated the procedure. Allergic sensitivity reaction to injected contrast media.					
Angioplasty (intravascular dilatation technique).					
Swelling, pain tenderness, or bleeding at the site of vessel puncture. Damage to parts of the body supplied by the artery with resulting loss of function or amputation. Injury to the vessel that may require immediate surgical intervention. Recurrence or continuation of the original condition. Allergic sensitivity reaction to injected contrast media. PATIENT WITNESS					
Splenoportography (needle injection of contrast media into the spleen.)					
Injury to the spleen requiring blood transfusion and/or removal of the spleen. INITIALS INITIALS PATIENT WITNESS					

List B Procedures

Procedure				
	INDICATE PROCEDURE ON LINE(S)			
risk assigned by t	he Texas Medica	al Disclosure Par	nel INITI	ALS
risk assigned by t	he Texas Medica	al Disclosure Par	nel INITI	ALS
risk assigned by t	he Texas Medica	al Disclosure Par	nel INITI	ALS

WITNESS SIGNATURE IDENTIFICATION

INITIAL	SIGNATURE	