Contrast Adverse Reaction Card

Name: _____

DOB: _____ Date of Exam: _____

Hospital/Clinic: _____

You had a reaction to: _____
(contrast media)

fraserhealth Better health. Best in health care. | Provincial Health Services Authority | Providence Health Care How you want to be treated | Vancouver CoastalHealth

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Reaction: _____

_____

_____

Treatment: _____

_____

_____

Please share this information with your family physician. In the future, always inform medical staff before having contrast media.

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Reaction: _____

_____

_____

Treatment: _____

_____

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