

## What is a CT Test?

- A CT Scan (“Computed Tomography” scan), sometimes called a CAT scan, uses x-rays to take small image “slices” from different angles around the body. These smaller image slices of body tissue help reveal more details than standard x-rays. CT images are useful because they can show several different kinds of the body’s tissues including organs (liver, pancreas, intestines, kidneys, bladder, adrenal glands, lungs and heart), bones, blood vessels, and the spinal cord.

## How long will the CT Test take?

- Please allow one hour for this examination.

## What happens when the CT Test is finished?

- If you have received contrast with your CT scan then you should drink plenty of fluids after your test to flush out your kidneys. If you have any questions regarding fluid intake, please contact CT Scheduling in the Anschutz Outpatient Pavilion at (720)-848-1162.

## How will I learn the results of my CT Test?

- You will receive the results of your CT test 24-48 hours after the test is performed from your referring physician. If you have any questions about the results of your CT test, please contact the physician that ordered the test for you.

## Patient Radiation and Safety Information

- At University of Colorado Hospital, our highly trained teams of Radiologists, Technologists, and Radiation Physicist make every effort to insure that your diagnostic exam provides the needed information at the least radiation dose to you. We are dedicated proponents of the Nationwide Image Gently™ and Image Wisely™ initiatives as well as primary contributors to the CT Dose Index Registry of the American College of Radiology. The Radiologists at University of Colorado Hospital are happy to answer any questions that you may have regarding radiation dose and your safety.

## Preparing for my CT Test

- Tell your care provider about your allergies, especially to flavoring like apple or banana for oral contrast or if you have a latex allergy.
- Tell your care provider if you have had a reaction to contrast dye.
- If you are taking metformin, please talk to your doctor about a plan to stop taking this medication for your CT test.
- Please print out and bring a list of current medications that you are taking including supplements and over the counter medications.
- If your physician requires lab work, please have this done prior to your CT test date and time.
- Tell your provider if you are pregnant or could be pregnant.
- If oral contrast is ordered to be taken prior to your appointment time please:
  - Pick up at the UCH Pharmacy.
  - Arrange for the contrast to be mailed (there will be a fee for this). Please call the Atrium Pharmacy at UCH to arrange this at 720-848-4083. You must order this 7 business days prior to your appointment.
- **If you are receiving IV or oral contrast you must arrive one hour before your scheduled time of appointment to get your IV started.**
- If you have an allergy to iodine or oral CT contrast, please contact your physician immediately for further instructions.
- You are required to have a Creatinine drawn (a renal function blood test) within 30 days of your scan if you have: **(Please note that this blood test can only be ordered by your referring physician or clinic and you must bring the results with you on the day of your exam if they are drawn at a facility that is not part of University of Colorado Hospital).**
  - Pre-existing kidney disease
  - Dehydration issues
  - Diabetes and Kidney Disease
  - Congestive Heart Failure
  - If you are over the age of 64 years old
  - If you have chronic high blood pressure or are taking blood pressure medication.
- On the day of your CT test, please drink plenty of fluids and follow your doctor's orders if you are drinking contrast.

## When should I arrive?

- Please arrive 30 minutes before your CT Test begins to fill out the proper hospital paper work. If you are receiving IV contrast, please arrive one hour before your scheduled appointment time.

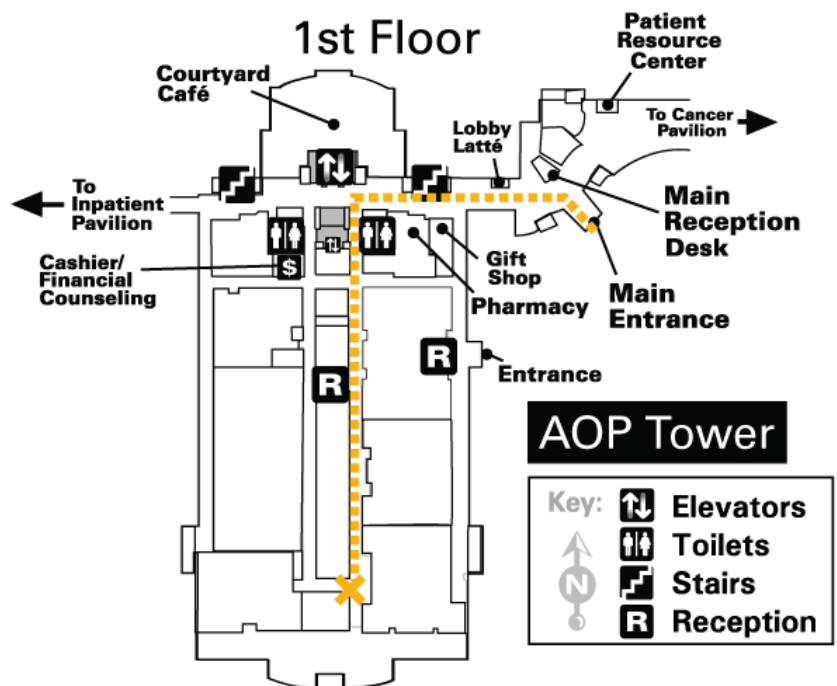
## How do I get to my appointment?

- Your CT scan will be at the Anschutz Outpatient Pavilion (AOP). Please follow the map and directions below.

**Anschutz Outpatient Pavilion**  
Department of Radiology  
1635 Aurora Court  
Aurora, CO 80045  
Valet Patient parking is available.

## Directions

- Directions to Anschutz Outpatient Pavilion (AOP) Radiology - General Radiology**
- Enter the main entrance of the Outpatient Pavilion (the east side of the hospital where the clinics are). You will see the main reception desk in front of you just inside the entrance doors. Turn left down the main corridor, and you will see signs posted for Radiology. We are located down the hallway across from the Courtyard Café.



## Contact Information

- CT scheduling/Anschutz Outpatient Pavilion: (720) 848-1162

**UNIVERSITY OF COLORADO HOSPITAL  
CT PROCEDURE SCREENING FORM**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Referring Physician \_\_\_\_\_

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1. List any allergies to medications: \_\_\_\_\_
  2. Any previous surgeries?  Yes  No  
If so, explain \_\_\_\_\_
  3. Have you ever received CT contrast?  Yes  No  
Any reactions or problems? If so, explain \_\_\_\_\_
  4. Do you have Diabetes?  Yes  No
  5. Do you take Metformin, Glucophage or any medications that contain  
Metformin or Glucophage?  Yes  No
  6. Do you have high blood pressure?  Yes  No
  7. Do you have congestive heart failure?  Yes  No
  8. Do you have both of your kidneys?  Yes  No
  9. Do you have kidney disease?  Yes  No
  10. Have you had any radiology studies in the last two days?  
If so, explain \_\_\_\_\_  Yes  No
  11. Do you have pheochromocytoma?  Yes  No
  12. Do you have multiple myeloma?  Yes  No

**For female patients only:**

13. Are you pregnant or suspect that you are pregnant?  Yes  No  
Date of last menstrual period? \_\_\_\_\_

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I have had the opportunity to ask questions regarding the information on this form and regarding the CT procedure that I am about to undergo. I have answered these questions to the best of my knowledge and understand the information presented to me.

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

Form Information Reviewed By: \_\_\_\_\_  
Signature Title Date and Time

Verbal verification of patient and procedure performed.

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Signature Title Date and Time