

Consent Letter of Self-paid Special Medicine to Undergo Examination
(Prior to filling in, please refer to following information.)

To: Hualien Armed Forces General Hospital

Patient's name: _____ Sex: Male Female
Chart No.: _____ Date of Birth: _____

Status: Health Insurance Other

Since the above patient underwent CT Intravenous Urography
 Vascular Radiography Spinal Cord Radiography Joint Radiography Other,

now there is non-ionic contrast medium of which side effect is less but more expensive can be used for this examination. However the medicine is not the item settled by insurance yet, I agree disagree to by this medicine by my own accounts as the medicine used for examination. To avoid later dispute, this Letter of Consent is given as evidence.

Agreed by:

ID No.:

Address:

Telephone No.:

Relationship with patient (if non-patient person fills in):

father mother son daughter spouse other

Date:

Comparison of traditional "ionic contrast medium" and "non-ionic contrast medium"

Bad reactions	Traditional ionic contrast medium	Non-ionic contrast medium
Tepid	A little more	Slightly or none
Ache while injecting	A little more	Slightly or none
Nausea	More	Slightly or none
Development quality	Ordinary	Quality is upgraded clearly.
Whole body's side effect or other allergic reactions	Possibly occurs.	Occurrence rate is reduced.

* Please bring this Letter of Consent while undergoing examination at this Department.