

Hysterosalpingogram Consent Form

Your doctor asked to perform the following test for you and this mandate to introduce contrast media into the uterus to confirm the diagnosis.

Please answer the following questions:

#	Questions	
1	When was last day of your menstrual cycle? (Date-day)	
2	Are you currently having gynecological infections?	
3	Have you ever had HSG?	
4	Have you had pelvic surgery, endoscopy, D&C? If the answer is yes, please mentioning the date of the operation/procedure?	
5	Number of pregnancies and previous deliveries, whether normal or caesarean?	
6	Are you allergic to any CM? (Medication or material)	
7	Is there a history intercourse since last period?	
8	Are you sure there's no pregnancy? In case of uncertainty, a pregnancy test should be done in the laboratory.	

Complications and side effects:

- The patient may have pain, week after the imaging.
- Minimal bleeding after the procedure of 1-2 days.
- The contrast media comes out of the uterus to the pelvis or into the veins of the pelvis (intravasation).
- Exacerbation of gynecological infections if present during the procedure.

Agreement:

I agree to take the examination after the radiologist had explained to me the nature of the examination and the possible complications that can occur during and after the examination and answer the above questions and take the risk of complications that may result from the examination on my own responsibility.

- Agree.
 I don't agree.

Patient or guardian signature:

Name:

Signature:

Date:

Time:

Radiologist's signature:

Name:

Signature:

Date:

Time: