



ORLANDO HEALTH®

1414 Kuhl Avenue • Orlando, Florida 32806-2093

CONTRAST MEDICATION DRUG INTERACTION FORM

LINE UP PATIENT I.D. LABEL HERE

OMNIPAQUE® (IOHEXAL) - INTRAVASULAR / ORAL / INTRADUCTAL

Please check the box for any of these medications that you are currently taking.

Medications listed below contain Metformin. A small number of people who take Metformin may develop an acidity to their blood. It may occur in people who liver or kidneys do not work normally.

- ☐ Actoplus Met®
- ☐ Glucovance®
- ☐ Metformin/Glipizide
- ☐ Metformin/Rosiglitazone
- ☐ Avandamet®
- ☐ Glumetza®
- ☐ Metformin/Glyburide
- ☐ Metformin/Sitagliptin
- ☐ Fortamet®
- ☐ Janumet®
- ☐ Metformin/Pioglitazone
- ☐ PrandiMet
- ☐ Glucophage®
- ☐ Metaglip®
- ☐ Metformin/ Repaglinide
- ☐ Riomet®
- ☐ Glucophage XR®
- ☐ Metformin

Any of the medicines that are checked, please write the route, dosage, frequency and when last taken. If you are taking any additional medicines, over-the-counter medicines, such as vitamins, herbal remedies or supplements, please include them in the table.

MEDICINE HISTORY			<input type="checkbox"/> No Current Medicines	
SOURCE _____			<input type="checkbox"/> Unable to Obtain	
List All Current Medicines / Strength	Dose	Route	Frequency	Last Taken Date / Time
1. EX: Aspirin - 325mg	1 Tablet	Oral	1 per Day	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

I acknowledge the above information to be accurate

Patient / Legal Guardian Signature: _____ Date:_____ Time:_____



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Patient Name _____

METFORMIN, and METFORMIN CONTAINING MEDICATION
INFORMATION SHEET

For the Patient education/ information only.

Your doctor has ordered an Imaging/Radiology test where IV contrast was used. If you are currently taking ***Meformin***, or any ***Metformin containing medication*** for your diabetes, such as, but not limited to (***Glucophage, Advandamet, Metaglip, Fortamet, Riomet, Glucovance or Actoplus***) **stop taking this medication for 48 hours following the imaging exam and please contact your primary physician for further instructions on resuming this medication.**

There is a very rare interaction between these medications and the IV contrast that can affect your kidneys. This only occurs in less than 1 in 10,000 cases.

You received IV contrast on _____ at _____:_____ AM/PM.

Thank you for choosing Orlando Health for your Imaging Services.

If you have any further questions, please do not hesitate to ask the imaging staff.