



Office Use Only  
MRN# \_\_\_\_\_

**PATIENT INSTRUCTIONS for  
GLUCOPHAGE® (METFORMIN) and IODINATED CONTRAST MATERIAL**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

You are having a procedure today that may include the injection of iodinated contrast material (x-ray dye). Additionally, you have indicated that you are currently taking the medication Glucophage® (Metformin). The following is important information for you to know:

*Metformin (Glucophage) is an oral antihyperglycemic agent used to treat patients with noninsulin-dependent diabetes. There is an uncommon but serious adverse effect of lactic acidosis, possibly leading to death, in patients who do not discontinue their Metformin medication following injection of contrast material.*

Metformin (Glucophage) must be discontinued after the contrast injection, and withheld for 48 hours after the injection. It should only be reinstated after you have had a blood test and the results have been reviewed and approved by your personal physician.

**Trade Names:** Glucophage, Fortamet, Glumetza, Riomet, Glucovance, Metaglip, ActoPlus Met, Acto Plus MET, Prandimet, Avandamet, Janumet

If you have any questions regarding this medication interruption or the management of your diabetes during this time period, please contact your personal physician.

I have read and understand these instructions.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

FAXED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

<p>24301 Paseo De Valencia Suite 100 Laguna Woods, CA 92637 949-859-0400 Phone 949-859-0414 Fax</p>	<p>600 Corporate Drive , Suite 110 Ladera Ranch, CA 92694 949-364-5716 Phone 949-364-5777 Fax</p>	<p>27725 Santa Margarita Parkway, #101 Mission Viejo, CA 92691 949-462-3999 Phone 949-462-3777 Fax</p>
---	---	--



Orange County Diagnostics  
Offices: Mission Viejo, Ladera Ranch and Laguna Woods

**“DO NOT COMPLETE THIS FORM UNLESS YOU ARE TAKING ORAL  
GLUCOPHAGE® (METFORMIN)”**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

You are having a procedure today that may include the injection of iodinated contrast material (x-ray dye). Additionally, you have indicated that you are currently taking the medication Glucophage® (Metformin).

I have read and understand these instructions.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

FAXED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

<i>24301 Paseo De Valencia Suite 100 Laguna Woods, CA 92637 949-859-0400 Phone 949-859-0414 Fax</i>	<i>600 Corporate Drive , Suite 110 Ladera Ranch, CA 92694 949-364-5716 Phone 949-364-5777 Fax</i>	<i>27725 Santa Margarita Parkway, #101 Mission Viejo, CA 92691 949-462-3999 Phone 949-462-3777 Fax</i>
---	---	--