



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

Dear Dr. \_\_\_\_\_

Your patient, \_\_\_\_\_, is scheduled for an imaging procedure which requires the injection of contrast media. They will be required to be pre medicated due to a sensitivity/allergy to our contrast media.

Please provide your patient with the following medications and instructions:

**13 hours** prior to appointment time: take 50mg of oral Prednisone

**7 hours** prior to appointment time: take 50mg of oral Prednisone

**1 hour** prior to appointment time: take 50mg of oral Prednisone **plus** 50mg of Diphenhydramine **OR** 20mg of Cetirizine

Appointment Information

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Thank you,

Diagnostic Imaging