

SUGAR MILL D-DIAGNOSTIC IMAGING

Patient Name: _____ Age: _____

Date: _____ Time: _____ AM / PM

I (We) hereby request and authorize Doctor _____ and
whomever he/she may designate to assist to perform upon _____
Patient Name
the following diagnostic procedure _____

It is understood that this examination has been requested by my physician, who has fully to my knowledge and consent explained any potential risks involved. In order to assist my physician in the diagnosis and care of the ailment, I consent to the procedure.

The foregoing consent was read, discussed, and signed in my presence and in my opinion the person(s) signing did so freely and with full knowledge and understanding.

Patient Signature

Date

Witness Signature

Date

FOR WOMEN ONLY

Although I may be pregnant, I consent to the above radiologic procedure(s). The risks involved have been explained to my fully.

Patient Signature

Date

Witness Signature

Date