



## INFORMED PATIENT CONSENT FOR PROCEDURE

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

Address \_\_\_\_\_

Procedure being completed \_\_\_\_\_

### Questionnaire

Please list your allergies if any

\_\_\_\_\_

Please list your current medications if any

\_\_\_\_\_

Please list any previous surgeries if any

\_\_\_\_\_

### Patient Information

Your doctor has asked us to perform the above procedure. By signing this form you are indicating that

- You read and fully understand the information sheets provided to you describing the procedure
- The procedure and possible side effects have been explained to you by a Radiologist
- You fully understand the implications and risks of the procedure.

### Patient Consent

I acknowledge and confirm that the procedure has been explained to me. I am aware of the risks of the procedure. I am also satisfied with the explanation and have no more questions. I hereby consent to the

procedure which will be performed by \_\_\_\_\_  
(Name of Medical Imaging Specialist performing procedure)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient)

Name \_\_\_\_\_  
(Interpreter if present)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Interpreter if present)