

CONSENT FOR DIAGNOSTIC EVALUATION CORPORATE WOODS OPEN MRI

INTRODUCTION

Unlike Cat (Ct) scanning and some other current methods of viewing the body, magnetic Resonance imaging (MRI) does not use X-rays or any other type of ionizing radiation, but rather uses magnetism and radiowaves.

PROCEDURES

A magnetic Resonance imaging (MRI) scan involves the following:

You will be interviewed to be certain you do not have a pacemaker or other implanted electronic devices. If you have had brain surgery, we must obtain (or you must provide) an X-ray of your head to be certain aneurysm clips were not used. Pregnant women and young children will only be scanned on the recommendation of the referring physician after careful clinical evaluation.

You may be asked to remove your clothes and other personal belongings and to change into a gown. A locker will be provided for your valuables.

You will enter a copper-lined room and lie down on a table which will slide into the scanner. You will hear a repetitive machine-like knocking noise but you will feel nothing abnormal. You will be asked to lie still for approximately 25-50 minutes depending on the part of the body that will be scanned.

At the completion of the examination you will be questioned regarding your scan. Your comments will be welcome and will be shared with others anticipating this exam.

You will be asked to allow us access to your medical records and to other radiologic examinations for purposes of comparison. The results of your scan may be used for clinical data in scientific journals, lectures and educating physicians in the community.

RISKS

Extensive evaluation has shown no hazard from magnetic Resonance imaging as far as we know, MRI is safe. Thousands of patients including pregnant women, children and infants have already been imaged without apparent difficulty.

By signing below, you indicate that you have read and understand this consent form and authorize Corporate Woods Open MRI to perform this examination and release your PHI (personal health information) to your referring physician and any other health-care providers that are involved in your treatment/care. You acknowledge that Magnetic Resonance Imaging has been adequately explained, that you have all the information that you desire and that you have been assured that any future questions you may have will be answered promptly by our staff.

SIGNATURE: _____ WITNESS: _____ DATE: _____

*If patient is a minor or unable to sign, please sign below and indicate your relation to the patient.

SIGNATURE: _____ RELATION: _____