

**PATIENT INFORMATION AND CONSENT
X-RAY EXAMINATIONS**

The diagnostic test you are about to undergo uses ionizing radiations (x-rays). As you know, x-rays may cause a biological damage to irradiated tissues.

However, in the light of the quantity of radiation currently being used during the test and of the safety of the x-ray machines, which are subject to periodic inspection, the risk of damage is negligible in comparison with the benefits deriving from the diagnostic information obtained with the test.

The medical staff is available to provide any further clarification.

I, THE UNDERSIGNED,

BORN ON

.....

.....

Declare that I have been exhaustively informed about the radiological examination to be performed and I hereby give consent to have it performed in the manners that the Radiologist deems most appropriate

Signature _____

I, the Undersigned, DENY being pregnant,

Signature _____

The Interpreter, where appropriate, _____

Signature _____

The legal guardian, where appropriate, _____

Signature _____

If the Patient is a minor:

We, the Undersigned, _____

Parents/legal guardians of the **minor** whose name and birthdate are indicated above, hereby give consent to have the radiological examination performed in the manners that the Radiologist deems most appropriate

Signature _____

WITHDRAWAL OF CONSENT

I, the Undersigned, _____ born in _____ on _____
hereby WITHDRAW my consent to have the above-indicated procedure performed.

Date _____

Signature of the Patient/parents/legal guardian _____