

Radiology Services Consent Form Request

Date: _____

Patient Name: _____

Patient ID: _____

To Whom It May Concern,

I, the undersigned, hereby give my consent for the performance of radiology services as recommended by my physician.

Type of Radiology Services Requested:

- _____
- _____

I understand that the services may involve the use of X-rays, MRIs, CT scans, or other imaging modalities and that these procedures will be performed by qualified radiology personnel.

By signing this form, I confirm that I have been informed about the nature of the procedure(s), potential risks, benefits, and alternatives, and have had all my questions answered to my satisfaction.

Patient Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Contact Information:

Phone: _____

Email: _____

Thank you for your cooperation.