



INTERVENTIONAL PROCEDURE CONSENT FORM

Your doctor has requested that you have a _____

_____ under imaging guidance.

It is important that you understand the risks and possible implications that can be associated with this medical procedure.

Your doctor has considered this diagnostic test to be important in your management. Please feel free to ask the Doctor or Radiographer for any further information you require before proceeding with your procedure.

Patient:

Dr _____ has discussed the procedure to be performed. I understand that the procedure will be carried out with professional care, may not give the expected result and may cause complications which could result in further treatment, medications, anaesthetic or surgery.

I understand the risks and possible complications and have had the opportunity to ask questions and receive satisfactory answers. I request and consent to this procedure.

I consent to the _____ procedure.

Name (please print) _____ Signature _____ Date _____

Procedural Radiologist:

I have explained to the patient this procedure including the effects, risks and possible complications.

Radiologist _____ Signature _____ Date _____

Radiographer _____ Signature _____ Date _____

Drug and Dose: _____