

ANNEXURE D 2.1

PATIENT CONSENT

APPLICATION AND CONSENT FOR MRI SCAN ON PATIENT WITH MRI CONDITIONAL / SAFE BRAIN IMPLANT / STIMULATOR

PATIENT DETAILS

Title: MR MRS MISS MAST ID: _____
 Name: _____ Surname: _____
 Examination: MRI -
 MRI Appointment Date: DD/MM/YYYY

DOCTORS DETAILS

Referring Doctor's Name: _____
 Contact Number: _____
 Neurosurgeon's Name: _____
 Contact Number: _____

IMPLANT DETAILS

Implant Name: _____
 Supplier: _____ Code: _____
 Neurosurgeon's Signature: _____ Date:
 Date of Implant: DD/MM/YYYY
 Is this the first device inserted ? YES NO

PATIENT CONSENT

I _____ (Patient Full Name)

hereby consent to the MRI scan. The full effects that the scan may have on my implanted brain implant / stimulator and the health risks attached here to, have been explained to me by my Neurosurgeon. I fully absolve Lake, Smit and Partner's or any of it's doctors or staff of any and all responsibility for any complications whilst undergoing the MRI scan and any consequences thereafter.

Patient's Signature: _____
 Date: DD/MM/YYYY