

PATIENT CONSENT

APPLICATION AND CONSENT FOR MRI SCAN ON PATIENT WITH MRI CONDITIONAL / SAFE CARDIAC PACEMAKER / ICD

PATIENT DETAILS

Title: ID _____

Name: _____ Surname: _____

Examination: MRI -

MRI Appointment Date: DD/MM/YYYY

DOCTORS DETAILS

Referring Doctor's Name: _____

Contact Number: _____

Cardiologist Name: _____

Contact Number: _____

IMPLANT DETAILS

Implant Name: _____

Supplier: _____ Code _____

Cardiologist Signature: _____ Date DD/MM/YYYY

Date of Implant: DD/MM/YYYY

Is this the first device inserted ?

PATIENT CONSENT

I _____ (Patient Full Name)

hereby consent to the MRI scan. The full effects that the scan may have on my implanted cardiac implant/pacemaker and the health risks attached here to, have been explained to me by my Cardiologist. 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