IMAGEPRO RADIOLOGY
Sharper Imaging. Smarter Care.
DR DE VILLIERS & PARTNERS INC.

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Registration No. 2012/037745/21 **Practice Number:** 380 2590 **VAT Reg. No.** 4530116781

PATIENT CONSENT

MRI CONSENT FORM – PATIENT WITH MRI SAFE / CONDITIONAL CARDIAC PACEMAKER OR VALVE

PATIENT DETAILS

Title:
Name and Surname:
ID Number:
Examination: MRI

DOCTORS DETAILS

Referring Doctor:
Contact Number:
Cardiologist:
Contact Number:

IMPLANT DETAILS

Implant Name:
Supplier:
Code:
Date of Implant:
Is this the first device: Y / N
Have the other leads been removed: Y / N

PATIENT CONSENT

I,

_____

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 hereto, have been explained to me. I completely absolve Dr De Villiers and Partners Inc. T/A ImagePro Radiology or any of its doctors and staff of all responsibility for any complications whilst undergoing the MRI scan and any consequences thereafter.

Patient Signature	Witness Signature	Date