

JOHANNESBURG

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Registration No. 2012/037745/21

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 Krugersdorp
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Practice Number: 380 2590

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PATIENT RESPONSIBILITY FORM

TICK THE APPROPRIATE BOX

☐

I _____ (Name & Surname) am not prepared to take responsibility for the payment of X-Rays / CT scan / MRI scan / any other Radiological Procedure, which was ordered by my treating doctor, and prefer to wait until authorisation for the above examination is obtained from my medical aid while acknowledging that authorisation is not a guarantee of payment.

☐

I _____ (Name & Surname) am prepared to take responsibility for the payment of X-Rays / CT scan / MRI scan / any other Radiological Procedure, which was ordered by my treating doctor.

☐

I _____ (Name & Surname) refuse to have X-Rays / CT scan / MRI scan / any other Radiological Procedure which was ordered by my treating doctor.

I acknowledge and accept that Dr De Villiers and Partners Inc. T/A ImagePro Radiology or any staff in the department will not be held responsible for any consequences that may arise from my refusal / acceptance to have the requested radiological procedure.

Patient Name & Surname:	
Signature:	
Date:	
Witness:	

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