

North Fork radiology, P.C.
1333 Roanoke Avenue
Riverhead, New York 11901

Informed Consent

I _____ authorize North Fork Radiology and its designees to administer a (tracer) (diagnostic) dose of _____.

I acknowledge that an explanation of the _____ procedure and examination has been fully explained to me and I am aware of any possible risks.

I further acknowledge that I am not pregnant and that there is no possibility of pregnancy at this time.

I voluntarily submit to this examination and hold harmless North Fork Radiology and its designees.

Signed _____ Date _____
Patient Signature

Signed _____ Date _____
Person authorized to consent for patient

Witness _____ Date _____