

H.O.P.E. Imaging

Loma Linda High Field Open MRI & Diagnostic Center

PATIENT CONSENT FORM

(MINOR) EXAMINATION CONSENT

I, _____, parent and/or legal guardian of

the patient, _____, give my consent to proceed with the examination requested by the patient's attending physician. The patient's attending physician has determined that this procedure is beneficial in the clinical assessment of the patient's condition.

I agree that I have been sufficiently informed by H.O.P.E.Imaging of the benefits and potential side effects of this procedure.

Parent/Legal Guardian's Signature

Relationship to Patient

Witness

Date and Time