Queensland Diagnostic Imaging

DECLINE CONSENT FORM

Name ______________________ **DOB** ______________

Address ______________________

Procedure requested ______________________

Patient Consent

By signing this form you are indicating that you have been consulted by a doctor, and have had all the risks explained to you by a Technician or Radiologist. By signing this form you are also indicating you understand that by declining the procedure, you may compromise the accuracy of diagnosis.

I understand and accept the risks involved in for not proceeding with the procedure. I hereby decline the above procedure.

Signature ______________________ Date ______________
(Patient)

Name ______________________
(Interpreter if present)

Signature ______________________ Date ______________
(Interpreter if present)