

HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Kod Dokumen: HSAAS/RADIO/BR63

SPECIAL CONSENT OF PATIENT WITH IMPLANT FOR MRI PROCEDURE

	of (address) hereby agree and conser		
to undergo the that *compatibution compatibution compatibu	procedure(s) of MRI with this type of ple /, conditional / or safe, confirmed The nature, purpose and purpo	of Implant of	
be found neces		or alternative operative measures/procedures as may e-mentioned operation (s) / procedures (s) and to the these purposes.	
No gua particular pract		ne operation/procedure care will be performed by any	
Signed Relationship IC No. Date Witness:	:(*Patient/Parent/Guardian) :	Note: If the person gives his/her consent as a guardian, his/her relationship with the patient should be stated below his/her signature. The witness may be another practitioner or a nurse who is not directly involved in the management of the patient nor related to the patient or the practitioner taking consent.	
Signature Interposition Name IC No. Designation Date	reter (if any): :: :: :: ::	Signature : IC No. : Designation : Language used :	
	I have explained the nature, purto the patient/parent/guardian.	pose and potential risk(s) of this operation(s) /	
Signed (*Referring MMC No IC No. Date Stamp	: Consultant/Medical Officer) : :	Note: Any amendments to the form are to be made before the explanation is given and the form is submitted for signature.	