



## Consent for Radiographic Procedure on a Minor

I, \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(parent or guardian name) please print (date of birth) (social security number)

Consent given by: in office \_\_\_\_\_  
by phone \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_  
(please check one)

Authorize and consent Florida Radiology Consultants, PA to perform the radiographic procedure requested by our physicians at the \_\_\_\_\_ office on \_\_\_\_\_.

(name of minor patient)

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Information provided by parent or guardian \_\_\_\_\_

The above information is released for the purpose or authorization and consent for radiographic procedure on a minor and that purpose only. Any other use is forbidden.

I understand the procedure and request has been explained to me and do give authorization/consent.

\_\_\_\_\_  
(signature of parent or guardian or authorized representative) (date)

\_\_\_\_\_  
(witness) (title) (date)