

X-RAY EXAMS WITHOUT CONTRAST

Disclosure for patients

(according to welfare provision on people x-ray exposed for sanitary reasons)

Personal patient data: SURNAME e NAME Born in _____ on the _____

X-ray exams are conducted in full and complete compliance with the specific welfare provision.

Radiations doses for each single exam are at minimum level for a correct diagnosis and lower than Diagnostic Reference Levels established by actual EU directives.

Radiological risk is therefore very low and surely the diagnostic advantage received by the patient is bigger.

In particular the exam is done only if:

- there is a motivated diagnostic request;
- there are no other types of exams without x-rays;
- there are no other valid diagnostic reports (patient must inform the radiologist if he has other x-ray reports available for the same area);
- available equipment in this clinic releases the lowest possible dose of radiations according to the required result.

In this clinic the radiological equipment is submitted to:

- periodical proof of concept by a graduated specialist in medical physics after which a specific written documentation is released;
- periodical check of quality by the same specialist in medical physics after which a specific written documentation is released;
- measurements for determining the correct dose to the patient in order to protect his/her health.

For any other clarification please ask to our medical staff.

Pregnant women could not be submitted to this kind of exams.

In order to analyse the balance risk-advantage for the pregnant patient, sure or potential, we kindly ask to the patients to inform the radiologist if they are not sure about a pregnancy.

I read and understood what above mentioned and my questions have been answered.

I am aware of possibility

Sono a conoscenza della possibilità di revocare il seguente consenso in qualsiasi momento prima dell'atto sanitario.

I patient, Surname and Name

Or

myself, (surname name) _____ born in _____ on the _____ / _____ / _____

holding parental rights on the minor Tutor support administrator legal representative

AGREE

DO NOT AGREE

To the execution of the above-mentioned exam

Tricesimo,

Signature

AGREEMENT REVOCATION

I _____

born in _____ on the ____ / ____ / _____

REVOKE the agreement given on the _____ to the execution of the above-mentioned exam

Tricesimo,

Signature

The radiologist responsible

AGREEMENT FOR THE TRANSMISSION OF THE DIAGNOSTIC INVESTIGATION THROUGH RADIOLOGIST READINGS / TELECONSULT

I **patient**, Surname and Name

Or

myself, (surname name) _____ born in _____ on the ____ / ____ / _____

 holding parental rights on the minor Tutor support administrator legal representative**INFORMED**

- of the possibility that the images related to the diagnostic exam (together with clinical and personal data related) that I am ready to do, could be sent in another clinic, in order to be read and the report made.
- that the possible sending will be done in safety mode with encryption key 2048bits, with encryption 128bits.

 AGREE **DO NOT AGREE**

To the informatic transfer of my clinical data and biomedical images in order to protect my health.

Date,

Signature for the sending data agreement