

## RADIOLOGICAL EXAMINATION WITHOUT CONTRAST

### INFORMATION SHEET FOR PATIENT

(Prepared in accordance with the current law concerning the protection of those who are exposed to x-ray for health reasons)

The undersigned

**In case of minor**, kindly indicate name and surname of the parents or of those who exercise the parental authority.

**In case of incapacity of consent**, kindly indicate name and surname of the legal representative.

\_\_\_\_\_  
(Please attached documents certifying the role of guardian/legal representative)

**In saniRad x-ray exams are performed in full and strict compliance with the specific legislation.**

**The radiation doses delivered to patients for each examination are kept to a minimum level but sufficient for an accurate diagnosis.**

**These levels are lower than the diagnostic reference levels established by the European Union directives.**

**The radiological risks are therefore very low and dominated by the benefit received by the patient for diagnostic examination justified.**

**Test is performed if:**

- There are no other alternative examinations that can be done without the exposure to x-ray.
- There are no other valid diagnostic findings (the patient should inform the Radiologist if he/she has recently carried out an examination of the same anatomical district).
- The equipment available in saniRad allows lower doses of radiation in accordance with the diagnostic result.
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**In saniRad the radiant equipment is subject to:**

- Periodic checks of the operating characteristics by a professional degree and expert in medical physics as a result of which is specifically required a written documentation.
- Periodic quality checks by the same expert in medical physics as a result of which is required written documentation.
- Measures for the determination of the dose to the patient in order to optimize the diagnostic technique for the protection of patient health.

**The state of pregnancy can prevent the radiographic examination.**

The patient that is not able to exclude pregnancy must inform the Radiologist as well as the patient that is surely pregnant.

**Date**

**Signature for the consent to the examination**

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## INFORMED CONSENT FOR THE TELETRANSMISSION/TELEREPORTING OF THE EXAM

### INFORMATION SHEET FOR PATIENT

The undersigned

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\_\_\_\_\_  
(Please attached documents certifying the role of guardian/legal representative)

I have been fully informed about the possibilities that the imaging of the test that I am going to do, together with the clinical and personal data concerning the test, may be sent to another health care unit through a teletransmission in order to be reported or analyzed for a medical counseling service.

**I DO CONSENT**

**I agree to the transfer of my clinical data of biomedical images in order to protect my health.**

**Date**

**Signature for the consent to the examination**

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