

**INFORMED CONSENT FOR CARRYING OUT THE CONVENTIONAL RADIOLOGICAL EXAMINATION
INFORMATION SUMMARY**

Date _____

DEFINITION

It is an investigation that uses X-rays (ionizing radiation) to study different anatomical structures (bones, joints, lungs). Since it is an examination that exposes to ionizing radiation, its use must be avoided in the absence of a clinical indication specific, **moreover women of childbearing age must exclude ongoing pregnancies.**

PURPOSE

The X-ray examination is used as a first investigation in the diagnostic suspicion of respiratory, osteoarticular and some abdominal diseases.

EXECUTION

The exam is neither painful nor unpleasant. The patient is positioned on the X-ray equipment according to the positions and decubitus required for the study of the district in question. During the execution, the patient is asked to remain still and in some cases to hold their breath.

POSSIBLE COMPLICATIONS

There are no complications related to the execution of the exam.

NECESSARY PREPARATION - RECOMMENDATIONS

No preparation is usually required before the exam. It is advisable to remove metal objects and / or jewelry. These could affect the result of the examination.

Having acknowledged the information provided in the consent form, the patient may ask the radiologist for further explanations.

**EXPRESSION AND ACQUISITION OF INFORMED CONSENT / DISSENT TO PERFORM THE
CONVENTIONAL RADIOLOGICAL EXAMINATION**

The patient

LAST AND FIRST NAME	
Place of birth	
Date of birth	

OR: For the patient indicated above, the undersigned

LAST NAME			
FIRST NAME			
Place of birth	Prov.		
Date of birth		Fisc. Code	

As:

parent caregiver legal guardian (other) _____

Informed:

- on the type of diagnostic investigation to be performed and precisely Conventional Radiological Examination.

Made aware:

- of the opinion of the healthcare professional that the proposed treatment is the one that offers the best risk / benefit ratio on the basis of current knowledge;
- of the possibility that the investigation, once started, can be interrupted at my request, without prejudice to the assistance activity, but without obtaining the information sought with this examination;
- the relative risks of any damage to health (temporary and permanent) and to life.

Having read the information relating to the investigation / procedure in question

Having evaluated the information received and the clarifications that have been provided to me, having understood what is briefly reported above:

I ACCEPT the proposed investigation

I DO NOT ACCEPT the proposed

investigation

Radiologist _____

DECLARATION OF CERTAIN OR PRESUMED PREGNANCY

YES

NO

Patient's signature _____

CAN I CHANGE MY DECISION REGARDING THE PERFORMANCE OF THE EXAM?

You are absolutely not obliged to carry out the examination; alternatively, the doctor will use other procedures that are currently available for which his consent will still be required.

All information collected, and in particular personal information, are protected by Legislative Decree 196/2003 concerning the "Protection of persons and other subjects regarding the processing of personal data".

Thank you for your attention in reading these notes. Please date and sign this form for acknowledgement.

Date _____ Patient's signature _____