

**CONSENT FOR MAGNETIC RESONANCE IMAGING (MRI)
CLINICAL STUDIES
DEPARTMENT OF RADIOLOGY
WINCHESTER MEDICAL CENTER**

I hereby authorize the staff of the Winchester Medical Center MRI to perform a magnetic resonance (MRI) scan on me. I understand that my doctor has conferred with Winchester Medical Center staff physicians certified in MRI by Winchester Medical Center and has determined that this procedure may be of potential benefit in the diagnosis/treatment of my illness.

I understand that for the MRI study I will lie on a couch and be placed inside of a large device, which will make pictures of my body, by the use of magnetic fields. There is no discomfort or physical pain. The study will require that I remain still (so that the pictures can be made) for up to one hour.

The MRI machine does not use ionizing radiation (such as x-rays) and is thought, by current knowledge, to have no significant risks to me unless I have certain types of metallic objects in my body. Examples of this include metal surgical clips or staples, metal fragments from metalworking., cardiac stents, certain implants, and electrodes.

I am not pregnant, do not have a heart pacemaker, and have not had prior surgery for an aneurysm (bulging of a large vessel) in my body or head.

I have completed the patient information and eligibility forms and have been given the opportunity to ask questions about this procedure and have received satisfactory answers.

Date: _____

Patient' signature

Print patient's signature

If a minor or
Incompetent:

Legally Authorized Representative

Witness