Weill Cornell Imaging

MINOR (16-17 yrs.) AUTHORIZATION FORM UNACCOMPANIED BY PARENT OR GUARDIAN

T: 212-746-6000 <u>www.wcinyp.com</u> F: 646-962-0122 Please bring all completed forms to your appointment
(Office use)

Patient Name: _					
Date:					
Procedure:					
Parent/Guard	ian Information:				
Name: _					
Address: _					
_					
Telephone: _					
	Patient: Parent				
relationship to	racient I arent				
Radiologist's <i>l</i>	Acknowledgement:				
I have discussed with the patient's parent/guardian, potential risks of the above stated procedure, and have obtained verbal permission to complete the prescribed exam in their absence.					
Radiologist Nan	ne:				
Pager or Cell#:					
Signature:			Date:		

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