

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

(Office use)

Patient Name: _____

Date: _____

Procedure: _____

Parent/Guardian Information:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Relationship to Patient: ☐ **Parent** ☐ **Guardian**

Radiologist's 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 Name: _____

Pager or Cell#: _____

Signature: _____ Date: _____