

SURNAME:

NAME:

DATE OF BIRTH:

ADDRESS:

[Empty box for patient information]

Doctor RX exam required

The radiology exam (General X-ray - Orthopantomography - Mammography - CT - Densitometry) is based on the delivery of ionizing radiation. In this structure the X-ray examinations are performed in full and rigorous respect to the specific legislation. The radiation doses delivered for each individual examination are kept at a minimum level compatible with an accurate diagnosis and in any case lower than the Diagnostic Reference Levels established by the current European Union Directives. The radiological risk is therefore very low and certainly surpassed by the diagnostic benefit received by the patient for a justified examination.

In particular, the examination is carried out only if:

- There is a reasoned diagnostic request;
- Alternatively, there are no other types of examination without x-rays;
- There are no other valid diagnostic findings (the patient must inform the radiologist if he or she has recently performed X-ray plates in an examination of the same anatomical district);
- The equipment available in this radiological study allows the lowest dose of radiation compatibly with the necessary diagnostic result.

In this radiological facility, the equipment is subjected to:

- Periodic verification tests of the operating characteristics by a professional graduate and expert in medical physics following which specific written documentation is released;
- Periodic quality checks by the same expert in medical physics following which specific written documentation is released;
- Measures for determining the dose to the patient in order to optimize the diagnostic technique for the protection of the patient's health.

Support: the exam is delivered on CD (except orthopantomography and teleradiography of the skull, which are still delivered on a plate).

THE STATE OF PREGNANCY IS A CONTRAINDICATION TO THE PERFORMANCE OF A RADIOLOGICAL EXAMINATION.

Therefore. patients of this facility, who are unable to rule out pregnancy, are expressly asked to inform the radiologist.

Date, __/__/____

readable signature of the user for consent to perform the exam

X _____

Space reserved for parents in case of minor patient or legal guardian.

I, the undersigned parent exercising parental authority / legal guardian of authorizes the execution of the radiological examination in the manner deemed most appropriate by the radiologist and makes himself responsible for the authorization also by the other parent.

Date signature of the parent exercising parental authority / legal guardian for consent to the examination (readable)

Date signature of the minor responsible for consent to perform the exam (patient 14-17 years; legible signature)

TSRM - RADIOLOGICAL DOCTOR

FOR ORTHOPANTOMOGRAPHY ONLY

At the request of the patient, the x-rays are presented to the specialist for viewing before drawing up the report that will follow by post.

Date, __/__/____

Legible signature _____