

STATEMENT OF THE PATIENT

before an X-ray

Name and surname

Date of birth.....

I declare that I have read the information and the rules for performing diagnostic tests at NZOZ Carolina Medical Center and I have no further concerns / additional questions in this regard.

I hereby agree to have an X-ray.

Place and date.....

Patient's legible signature (name and surname).....

.....

Legible signature of the legal representative of a patient **

Applies to Women

I declare that **I am / I am not** pregnant*.

Patient's legible signature (name and surname).....

Date of the test.....

**) delete as applicable*

***) for minor Patients*

- under 16 years of age - a statement must be signed by legal representative of the patient

- aged 16 - 18 years - a statement must be signed by a patient and their legal representative

.....

Date and signature of the NZOZ CMC employee who received a statement