ZOOM
DIAGNOSTIC IMAGING

CONSENT FOR TREATMENT

I hereby direct Zoom Diagnostic Imaging, its agents, and employees to follow the instructions and directions of my referring physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to results of treatments, tests, or examinations.

Zoom Diagnostic Imaging does not accept any responsibility for money, articles of apparel, jewelry, dentures, eyeglasses, hearing aids, or any other valuables or belongings brought with the patient or patient's associates to Zoom Diagnostic Imaging.

The undersigned certifies that he/she has read and fully understands the above paragraphs; and further certifies that he/she received a copy thereof and is the patient or is legally authorized to act as a patient's agent to execute this document and accept its terms. I further recognize and accept that all physicians, who furnish services to the below named patient during this examination, are independent contractors and are not agents or employees of Zoom Diagnostic Imaging

_____ _____

Patient or Guardian Signature Date

_____

Patient Name

Female Patients Only

Are you currently pregnant or nursing? Or could there be a possibility of pregnancy? ☐ Yes ☐ No

When was the first day of your last menstrual cycle?_____

I authorize Zoom Diagnostic Imaging to perform all diagnostic procedures that were ordered for me by my physician. I hereby release Zoom Diagnostic Imaging from any and all liability pertaining to the performance of diagnostic imaging procedures. Furthermore I understand and agree that Zoom Diagnostic Imaging is released from all liability and litigation pertaining to myself, and/or my unborn child. I have been informed of the current risks to myself and to my unborn child (if pregnant) if exposed to radiation from a CT scan, X-Ray and/or oral contrast. While it is currently accepted that ultrasound and MRI are not proven to be harmful to an unborn child, if complications arise, I fully understand and agree to release Zoom Diagnostic Imaging from any and all liabilities.

_____ _____

Patient or Guardian Signature Date