



**HEART SCAN**  
PATIENT'S COPY OF CT SCREENING EXAM  
ACKNOWLEDGMENT AND CONSENT FORM

I acknowledge and understand that my CT screening exam is a preliminary screening test, and that the results do not in any way constitute a definitive medical diagnosis as to the existence of disease of the inner organs. I understand that a CT scan is sensitive but cannot detect all disease processes in the body. I understand that the screening test results must be considered in light of my age, gender, risk factors, and clinical history. I understand that a CT screening scan is not recommended in place of traditional diagnostic testing, if I already have typical symptoms of a disease. For example, a colonoscopy is recommended if I already have symptoms typical of irritable bowel disease. CT screening test results will be given to me, and a copy will be mailed to my physician.

It is my responsibility to contact my physician for a follow-up evaluation of any test results. I understand that if I do not have a primary care physician, and the results of my screening study are positive, Medical Imaging of Fredericksburg will help me find a primary care physician.

I request a copy of this authorization (initial) \_\_\_\_\_. By signing below, I certify the following:

1. I understand the intent and purpose of my CT screening exam. All risks and alternatives have been explained to me, and all questions have been answered to my satisfaction.
2. I acknowledge and agree that the results of my CT screening exam are not conclusive as to the absence or existence of disease of the inner organs.
3. I am NOT pregnant at this time.
4. I agree that if I experience any of the symptoms outlined on the accompanying history questionnaire, I will see my physician regardless of normal CT screening test results.
5. I expressly acknowledge and fully understand that it is my sole responsibility to pursue all appropriate and necessary follow-up treatment with my physician and other health care professionals. I and my heirs, executors and representatives hereby release, waive, discharge, hold harmless and indemnify Medical Imaging of Fredericksburg, LLC, its agents, employees, members and directors from all liability (including, without limitation, attorney's fees and costs) arising out of my failure to seek follow-up consultation, care and treatment, and for all loss damage, cost, and liabilities arising to any injury or death resulting, whether in whole or in part, from my failure to seek and pursue follow-up consultation, care and treatment, **and for all loss, damage, cost, and liabilities arising to any injury or death resulting, whether** in whole or in part, from my failure to seek and pursue follow-up consultation, care and treatment, regardless of whether the CT screening exam results are normal or abnormal.



MWHC

# Health Scan<sup>TM</sup>

Medical Imaging of Fredericksburg

6. I further acknowledge and give consent for Medical Imaging of Fredericksburg, LLC to request my clinical status through said physician, and understand that Medical Imaging of Fredericksburg, LLC will confirm that I have contacted a physician for follow-up on any positive test results.
7. I have read and understand that the scan today emits more radiation than conventional X-rays, and that there is no known threshold of safety for a single radiation exposure, but that accumulative exposure over a lifetime raises the risk of developing cancer. By signing this Agreement, I am stating that I understand the above information and hold Medical Imaging of Fredericksburg, LLC, harmless from any possible damages caused by the health screening scan or CT scan radiation exposure.
8. I have read and understand the information provided on this form. I authorize and consent to the performance of the CT screening exam.

Patient Name (Print): \_\_\_\_\_ Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_ Witness Signature: \_\_\_\_\_