

LARGE ANIMAL MRI REQUEST ONSENT FORM

UTCVM_VIS-MRI_Consent_LA | UPDATED 03/16/18

Consent for Anesthesia and Magnetic Resonance Imaging (MRI) Procedures - Large Animals

	(name of patient) and have authority wn as Magnetic Resonance Imaging (MRI). I understand that r this procedure, advantages and possible complications have
UTCVM Veterinary Imaging Services to administer any s	ed owner/agent authorizes the veterinary anesthetist at the sedative or anesthetic deemed advisable for the MRI procedure ssary by the attending veterinarian due to any unexpected life- s and their additional costs.
I understand that my veterinarian has determined that and has chosen the procedure to be performed by the	an MRI procedure would be of assistance in treating my anima e University of Tennessee Veterinary Imaging Services.
I have read and understand this authorization and co	onsent.
PATIENT NAME	UTCVM VTH PTN (FOR OFFICE USE ONLY)
OWNER / AGENT NAME (PLEASE PRINT)	CONTACT NUMBER DURING APPOINTMENT
OWNER / AGENT SIGNATURE	DATE
WITNESS	DATE

