



TUBA CITY REGIONAL HEALTH CARE CORPORATION

167 North Main Street
P.O. Box 600
Tuba City, Arizona 86045-0600
(928) 283-2501

Inc. 1-19-01

ACKNOWLEDGMENT AND RELEASE FOR CONTRADICTION/PRECAUTIONS TO COMPUTED TOMOGRAPHY/X-RAY IMAGING PROCEDURE

The undersigned hereby acknowledges that the physical or medical condition, treatment or history of _____, is a contraindication or precaution to a computed tomography/x-ray (CT/x-ray) procedure because of : _____.

The undersigned certifies that:

1. The Patient has been informed of such contraindication/precaution of all the risks attendant to the CT/X-RAY procedure;
2. The undersigned has obtained a thorough pre-procedural assessment of the Patient's medical condition;
3. Notwithstanding such contraindication/precaution to the CT/X-RAY procedure, the undersigned physician has authorized the CT/X-RAY procedure for the Patient; and the Patient acknowledges the potential risks and benefits of the procedure.
4. The undersigned agrees to indemnify and hold harmless Tuba City Regional Health Care Corporation, its subsidiaries and affiliates from and against all losses, claims, and expenses which may result because of the contraindication/precaution in connection with the CT/X-RAY procedure; provided, however, such indemnification shall not cover any intentional, reckless or grossly negligent actions of Tuba city Regional Health Care Corporation.

This Acknowledgment and Release has been entered into the _____ day of _____, 20_____.

PATIENT SIGNATURE: _____

SUPERVISING PHYSICIAN: _____

RADIOLOGY MEDICAL DIRECTOR: _____

ADDRESSOGRAPH STAMP HERE: