

The undersigned hereby acknowledges that the physical or medical condition, treatment or history of _____, is a contraindication or precaution to a magnetic resonance imaging ("MRI") procedure because of: _____.

The undersigned certifies that:

1. The Patient has been informed of such contraindications/precaution of all the risks attendant to the MRI procedure;
2. The undersigned has obtained a thorough pre-procedural assessment of the Patient's medical condition;
3. Notwithstanding such contraindication/precaution to the MRI procedure, the undersigned physician has authorized the MRI 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 MRI 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__ @ _____:_____ AM/PM.

PATIENT SIGNATURE: _____

SUPERVISING PHYSICIAN: _____

RADIOLOGY MEDICAL DIRECTOR: _____

**ACKNOWLEDGMENT &
RELEASE FOR
CONTRAINDICATIONS/
PRECAUTIONS TO MRI
PROCEDURE**



Tuba City

Regional Health Care Corporation

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PATIENT INFORMATION