

Implant Waiver

MRI Unit

New York State Psychiatric Institute

Dept. of Psychiatry

RE: Patient Implant

I, _____, do hereby acknowledge that a full explanation of the consequences of interaction of the implant _____ in my body which was placed in on _____ (Date) been made to me and I know that there may be a risk of implant moving and causing internal injury, heating, burns and/or permanent scarring on or around the area of the implant and in the light of that understanding I agree to undergo an MRI Scan .

I acknowledge and accept this risk and agree to proceed with the MRI scan.

Participant's Signature: _____ Printed Name: _____

Date: _____

Coordinator's Signature: _____ Printed Name: _____

Date: _____

