



ENVISION IMAGING
OF ALLEN

Informed Consent for a CT Cardiac Scoring

Consent to Screening:

I request and consent to the CT Cardiac screening procedure to determine the presence of hard plaque in my coronary arteries. I understand that this test is used as a screening tool for certain arterial disease and is in no way a definitive diagnostic tool for other coronary disease. It should be understood that calcification is not site specific for stenosis, but rather indicates the extent of arteriosclerosis in the coronary arteries overall. Soft plaque may or may not be present, since soft plaque is not identified by this technique.

Payment:

I understand that, at this time, this study is not reimbursed by insurance payors and that payment is due at the time of service.

Release of Information:

I understand that this facility and any physician involved in the interpretation of this test are not responsible for any treatment or care subsequent to my study. I also understand that this facility will not disclose the results of my cardiac scoring to anyone without my signed consent.

Results of this test will be mailed to your home address. Please print this information clearly on your patient information form. If you do not receive your results within 2 business days, please call us at 972-747-8300.

Signature of Patient-Responsible Party-Power of Attorney

Date

Witness

Date

Signed Consent to release the results of my cardiac scoring test to my physician:

Doctor: _____

Fax: _____

Signature for release of results

Date