

### Informed consent to participation the Medical Radiation Exposure (the assisting person)

Treated person/child – first name and surname:	Personal ID No. (Policyholder No.):
Date of birth: (if different from Personal ID No.)	Medical Insurance Company No.:
Patient's permanent address: (or other address)	
First name and surname of the assisting person:	Personal ID No.:

Dear Sir or Madam,

In order to ensure a high-quality examination, it is necessary to hold the person/child concerned while an X-ray is taken. In the course of this examination you will be exposed to a minimum dose of X-ray radiation in the examination room. You will be provided with all protective aids available (protective lead rubber apron, thyroid protector, etc.) in order to make sure that your radiation exposure does not exceed the minimum dose limits for the general population.

While taking a common X-ray, the dose to which the assisting person will be exposed will not exceed the radiation from natural sources.

**Statement of the assisting person about informative interview:**

**Consent:**

*note Circle your answer:*

Following the above-mentioned familiarization, I hereby declare:		
that I will consciously and voluntarily assist the person/child undergoing the medical irradiation;	YES	NO
that I am over 18 years of age and have been instructed of the irradiation hazards.	YES	NO
For women of childbearing age: Are you pregnant?	YES	NO

Date:	Hour	Signature of the assisting person

Name, surname of the authorized healthcare worker who instructed the assisting person	Signature of the authorized healthcare worker who instructed the assisting person

**Note: The statement is filed in the patient's medical records at the Department of Radiology.**