

Axiom Imaging of Las Vegas

CONSENT FOR USE OF INFORMATION FOR CLINICAL IMAGING STUDIES

I, _____, do hereby consent and agree that Axiom Imaging, its employees, or agents have my permission to use any and all MR images they acquire of me exclusively for the purpose of compiling clinical data relevant and related to the medical findings for purposes of comparing clinical observations related to patient positioning. I further understand that my identity will not be revealed in said data if published at a future date without my prior written approval.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Signature: _____