	HOSPITAL MONUMENT OF THE BAPTISM OF POLAND St. John's Street 9 62-200 Gniezno	INFORMATION FOR THE PATIENT AND INFORMED CONSENT FORM FOR DIAGNOSTIC X-RAY EXAMINATION
	Patient's name and surname	

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1. DESCRIPTION AND PROCEDURE OF THE TEST

An X-ray examination is a diagnostic test that involves obtaining images of body structures using radiation. The examination is performed by an electroradiologist and lasts approximately 15 minutes. Immediately before the examination, the patient may be asked to remove any objects in the area of the body being examined, which may negatively impact the quality of the images obtained. To obtain the best quality diagnostic images, the patient should remain still during the examination and may also be asked to hold their breath while the X-ray image is taken.

2. INDICATIONS FOR PERFORMING THE TEST:

Test X-rays are indicated for the diagnosis of bone injuries (fractures, dislocations), degenerative or inflammatory changes, lung diseases, postoperative follow-up, and other structural changes visible on radiographs. The indication for the test is determined by the physician based on the patient's history and clinical condition. In your case it is

3. FORESEEABLE CONSEQUENCES OF THE TEST:

a) EXPECTED BENEFITS:

Performing an X-ray examination is academic, forming the right diagnosis, monitoring the course of the disease, assessment of treatment effectiveness or planning further medical procedures. The information obtained from the examination will allow the doctor to make optimal therapeutic decisions, which will contribute to the improvement of my health.

b) CONTRAINDICATIONS:

The main contraindication is pregnancy (or suspected pregnancy).

c) POSSIBILITY OF COMPLICATIONS (RISK):

• exposure to ionizing radiation, which in excess can be harmful

It is necessary to remember that the effect of radiation on the body is not neutral - cumulative diagnostic doses may have long-term harmful effects - if tests using radiation were previously performed (CT scan, X-ray, etc.) or the patient was treated with radiation - this fact should be reported to the medical staff. The risk is higher in children and adolescents - testing should be limited to medically justified situations.

• Impact on fetal development

Always inform medical staff about pregnancy or suspected pregnancy!


Ionizing radiation is especially dangerous for the developing fetus, especially in the first trimester of pregnancy. It can lead to birth defects, mental retardation, or an increased risk of cancer in children. Therefore, pregnancy is an absolute contraindication to X-ray examinations unless the diagnostic benefits for the mother significantly outweigh the risk to the fetus and there are no other alternatives.

4. ALTERNATIVE PROCEDURES:

In case the X-ray examination is inadvisable or the patient expresses concerns, the doctor may suggest alternative diagnostic methods, such as magnetic resonance imaging (MRI) or ultrasonography (USG).

5. CONSEQUENCES OF REFUSAL DIAGNOSTICS:

Refusal to perform an X-ray examination may have negative consequences for health, including: inability to make an accurate diagnosis, delay in implementing appropriate treatment, increased risk of complications.

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related to the lack of appropriate diagnosis, the need to use other, potentially less effective or more invasive diagnostic methods.

6. CONVERSATION WITH STAFF

Please ask us anything you would like to know about your planned study.

7. PATIENT STATEMENT

- I fully understand the information contained in this form and given to me during the conversation with the staff. I was given unlimited opportunities to ask questions, and all of them were answered and explained to my satisfaction.
- After reviewing the content of this form and the explanatory interview, all my requirements regarding information about my health condition, the justification and course of the examination, and the possible complications and consequences associated with the procedure, as well as the consequences related to the predicted consequences of not undergoing the examination, were met.
- I have been informed about possible modifications to the research method, if necessary, and I accept them.
- Furthermore, I declare that I have been informed about the possibility of withdrawing consent to the proposed diagnostic test.
- I declare that I have not concealed any information about my health, course of treatment, or illnesses and medications taken and that all answers and statements I have provided are factually accurate.

	I AM PREGNANT	I AM NOT PREGNANT	I SUSPECT I MAY BE PREGNANT	NOT APPLICABLE
I declare that to the best of my knowledge on the day of the X-ray examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully consciously I CONSENT to perform an X-ray examination	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Date and signature of patient or representative statutory	
Date, signature and stamp of the medical staff (in case of refusal also indicate the time)	

The patient or his/her legal representative cannot sign the form due to:

Date, signature and stamp of the medical staff	
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