



Always First.

FOX VALLEY ORTHOPEDIC INSTITUTE
2535 SODERQUIST • GENEVA, IL 60134 • 630-584-1400
MRI SCHEDULING • 630-938-4004

Patient # _____

MRI Authorization for Minors-Medical Attention Form

Dear Parent/Guardian:

It is our policy that a legal guardian or parent must accompany a minor child during his or her MR exam. Since you are unable to attend your child's MRI appointment, we ask for you to appoint another adult to act as temporary guardian to be present during this test. Your signature below authorizes Fox Valley Orthopedic Institute to treat your child for his or her MRI exam.

This authorization will also permits us to bill your insurance company and release information needed to process your child's claim. Your signature authorizes payment of benefits to be made directly to Fox Valley Orthopedics. You are financially responsible for any amount not covered by your insurance.

I, _____, appoint _____
PRINT PARENT'S NAME PRINT TEMPORARY GUARDIAN'S NAME

to act as temporary guardian during my child's MRI exam.

Date: _____

Signature of Parent or Legal Guardian: _____

Relationship to Minor: _____

Signature of Appointed Temporary Guardian: _____

Relationship to Minor: _____

In the event we may need to contact you at the time of your child's MRI exam, please provide your best contact information:

Phone: _____