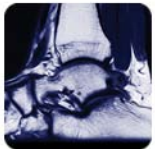
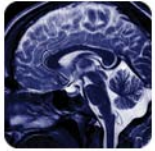


# PATIENT ORBITAL SCREENING CONSENT



Name: \_\_\_\_\_ DOB: \_\_ / \_\_ / \_\_\_\_

### General Acknowledgement

I acknowledge that I have previously had metal fragments in my eyes and confirm that it has been removed. I have been made aware of the risks associated with MRI and in particular, if the metal fragments have not been removed.

I am confident that the metal has been removed from my eyes and accordingly consent to the MRI examination.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Print Name (Patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness