



PATIENT MEDICATION WAIVER

Please complete and sign the appropriate statement below.

I, _____, **have NOT taken** any form of pain, anti-anxiety, or other medications that may impair my judgment and / or my ability to safely operate a vehicle. By signing below, I agree not to take any type of aforementioned medication before, during, or after my MRI scan today.

Signature

Date

Up & Open Imaging Witness

I, _____, **have taken** some form of pain, anti-anxiety, or any other medication that may impair my judgment and / or my ability to safely operate a vehicle. For this reason, I certify that I have been accompanied by a driver, and I will not attempt to drive following my MRI scan.

Signature

Date

Up & Open Imaging Witness