



Radiologist Acknowledgement of Patient Conscious Sedation

Patient _____, who is here for a
_____ study, has been provided with a
prescription dosage of _____ by his/her referring
physician _____.

I hereby acknowledge that I have been informed by Modern Diagnostic Imaging (MDI) that the above-referenced patient has been provided conscious sedation, as listed above, by his/her referring physician in conjunction with his/her diagnostic study to be performed today.

_____ Date ____/____/____

(Print Name)