



McGovern
Medical School

MRI Center
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RESEARCH SUBJECTS ONLY!

CD Release
Patient Consent From

Date: _____

I, _____, do give my permission as the primary
(Primary Investigator)

Research Investigator to allow, _____, to receive images
(Patient)

obtained during his/her research MRI and to be placed on a CD to be kept for their records.

Sincerely,

Primary Investigator (Signature)

Primary Investigator (Print)

Patient Signature

Patient Name (Print)