



Always First.

FOX VALLEY ORTHOPAEDIC INSTITUTE

Fox Valley Orthopaedic Associates, S.C.
CoSport Physical Therapy
Fox Valley Orthopaedic Surgery

MRI Authorization for Medical Attention Form

Eugene C. Wittenstrom, M.D.
Merle J. Denker, M.D.
Emeritus

Patient Account # _____

Dear Parent/Guardian:

Rodney W. Rieger, M.D.
Jeffrey W. Grosskopf, M.D.
Kevan E. Ketterling, M.D.
David R. Morawski, M.D.

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 Orthopaedic Institute to treat your child for his or her MRI exam.

Craig M. Torosian, M.D.

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

Eric K. Bartel, M.D.

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

Craig A. Popp, M.D.

Date: _____

Timothy S. Petsche, M.D.

Signature of Parent or Legal Guardian: _____

Thomas A. Atkins, M.D.

Relationship to Minor: _____

Laura M. Lemke, M.D.

Jasper A. Petrucci, M.D.

Signature of Appointed Temporary Guardian: _____

Vishal M. Mehta, M.D.

Relationship to Minor: _____

Veronica Mesquida, M.D.
Rheumatology

Christopher J. Siodlarz, D.O.
Pain Management
Physical Medicine and Rehabilitation

Mary K. O'Brien, MBA, CMPE
C.E.O.