

[Your Medical Facility Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Consent for VQ Scan

We are writing to inform you about the upcoming VQ (Ventilation-Perfusion) scan that has been scheduled for you on [Date of Procedure]. This scan is important for evaluating your lung function and assisting in your diagnosis and treatment plan.

Please read the following information carefully. If you have any questions or concerns, feel free to contact our office at [Phone Number].

****Purpose of the Procedure:****

The VQ scan is performed to assess the airflow (ventilation) and blood flow (perfusion) in your lungs. This can help identify conditions such as pulmonary embolism, chronic lung disease, or other respiratory issues.

****Procedure Details:****

- The VQ scan involves inhaling a small amount of a radioactive gas and receiving an injection of a radioactive material.
- The procedure will take approximately [Duration] and is done in a safe and monitored environment.

****Risks and Benefits:****

While the VQ scan is generally safe, potential risks include exposure to a small amount of radiation. The benefits, however, often outweigh the risks as the procedure provides critical information regarding your lung health.

By signing this letter, you consent to undergo the VQ scan, understanding the procedure, associated risks, and benefits.

****Patient Consent:****

I, [Patient's Name], have read and understood the information above and consent to the VQ scan.

Signature: _____

Date: _____

Thank you for your cooperation. We look forward to providing you with the best possible care.

Sincerely,

[Your Physician's Name]

[Your Medical Facility Name]

[Contact Information]