



Affix Patient Label

# STATEMENT FOR INVESTIGATION WITHOUT CONSENT IN A STROKE EMERGENCY

I, \_\_\_\_\_, believe that the delay in obtaining  
(Printed Name of Physician)

a consent to perform **Computed Tomography Angiography (CTA) with contrast**

would put \_\_\_\_\_ at risk of serious bodily  
(Print Name of Patient)

harm or prolonged severe suffering. I am unaware of any previously expressed wishes of the patient to refuse the proposed investigation, procedure or treatment.

\_\_\_\_\_  
Date ( dd/mm/yyyy) and Time (hh:mm)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Name Printed