

MRI PREGNANCY CONSENT FORM

INFORMED CONSENT TO PROCEED WITH MRI PROCEDURE DURING PREGNANCY

PATIENT NAME:		D	OATE:
PLEA		R THE FOLLOWING QUE	STIONS:
1. Are you pregnant or any chance you may be	:		
2. Date of the start of your last period:		-	
3. Are you on any type of Birth Control?		-	
4. Are you trying to get pregnant? Yes / No)		
This consent is to inform you the Magnetic Res your unborn child/fetus. By signing this you are questions needed to understanding the risks as	consenting	g to understanding all of	
To date, there are no reports of injury to childr scanned during pregnancy is small, with limited undergone MRI with no ill effects. MR imaging that the advantages of MRI outweigh the poter	d follow-up, of pregnant	in the past several year	s, numerous pregnant patients have
,, hav	e read the a	above warning and unde	erstand the potential harmful effects to
my unborn fetus. I consent to have this MRI pro ample opportunity to ask questions and that al understand that I may refuse to have this MRI p Healthcare System. Also, I understand that I may agree that the risks described herein are risks to Fexas Healthcare System, owners, and employed procedure.	ocedure as questions procedure c ay stop this hat I am wil	prescribed by my physic have been answered to conducted on me withou MRI procedure at anyti lling to accept. Also, I ag	cian. I acknowledge that I have been given my satisfaction. Furthermore, I fully ut any obligation to Heart of Texas me during its process. Furthermore, I fully gree that I will hold harmless Heart of
Signature of Person giving consent		 Date	-
Signature of reason giving consent		Dute	
Printed Name of Person giving consent			
Signature of Witness to Person giving consent		Relationship	
Technologist		Date	-