

MRI and Ionizing Radiation Procedural Consent During Pregnancy

Patient Name: _____ Date of Service: _____

MMI#: _____ D.O.B.: _____

Name of Exam/Procedure: _____

Your ordering clinician has requested the above imaging exam be performed as part of your medical evaluation.

Ionizing Radiation Procedures: Diagnostic procedures containing ionizing radiation utilizes low dose radiation, which could pose a slight risk to you and your fetus. We will minimize the radiation exposure to you and your fetus by utilizing the lowest dose of radiation possible to obtain clinically appropriate results.

MRI Procedures: The effects of MRI on a pregnant woman and her fetus are not known, however no known immediate or delayed harmful effects have been observed with the use of MRI in pregnant patients. As no conclusive research has been performed, my treating clinician cannot with absolute certainty exclude the possibility that there may be short term or long term effects on your fetus.

The risks and benefits of the above exam have been carefully considered by your ordering clinician, and this exam is considered medically necessary.

By signing below, you acknowledge that the risks, benefits and alternatives have been explained to you and any questions have been answered to your satisfaction. By signing this form you acknowledge that you are informed and give consent to proceed with the exam.

Patient Signature

Date

Time

Patient Name (Please Print)

Ordering Clinician Signature

Date

Time

Witness

Date

Time