



Patient Name: _____

Patient DOB: ____/____/____

PLEASE ANSWER THE FOLLOWING QUESTIONS: FEMALE ONLY 12-55

Are you pregnant or any chance you may be: ____ YES ____ NO

Date of last menstrual cycle: _____

Your physician has ordered an MRI examination. There are no known biological risks from MRI. No delayed abnormalities from MRI examination have been encountered, and it is expected that the potential risk for any delayed abnormalities is extremely small or non-existent. However, according to the FDA, the safety of MRI procedures during pregnancy has not been definitively proven and not recommended except in extraordinary circumstances. I agree to undergo this MRI examination with full knowledge of the above information.

____ To the best of my knowledge I am not pregnant or believe there is any possibility that I may be pregnant.

____ I know or believe that I may be pregnant and fully understand the risks involved that may be caused to my unborn fetus.

Patient/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____