



## CONSENT FOR MRI SCAN BY PATIENT THAT IS PREGNANT

It has been determined, by your physician, that an MRI examination would be the best modality to evaluate the anatomical region of concern. The outcome of the procedure, it is believed, has the potential to change or alter the care or therapy of the mother to fetus.

As stated in the Policies, Guidelines and Recommendation for MRI Imaging Safety and Patient Management issued by the Safety Committee of the Society for Magnetic Resonance Imaging in 1991, "MR imaging may be used in pregnant women if other nonionizing form of diagnostic imaging are inadequate or if the examination provides important information that would otherwise require exposure to ionizing radiation (e.g., fluoroscopy, CT, etc)." This policy has been adopted by the American College of Radiology and is considered to be the "standard of care" with respect to the use of MRI procedures in the pregnant patients.

To date, there has been no indication that the use of clinical MR imaging during pregnancy has produced any deleterious effects. However, as noted by the FDA, the safety of MR imaging during pregnancy has not been proven.

If you consent to have this procedure, after being informed of and understanding all the above information, please fill in the information below and sign your name where indicated.

Patient Signature: \_\_\_\_\_

Print Patient Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_