Summit Diagnostic Imaging Center

Pregnancy Informed Consent

Patient Name	Medical Record Number	Date of Birth

Please complete the following:

Are you or could you be pregnant? (circle one) Yes No

When did your 1st period begin? Date: _____

Usual number of days between periods? _____ days

All female patients between the ages of 12 and 55 years of age who will have an MRI procedure or procedure utilizing ionizing radiation (including x-ray and CT) are required to read and complete this form.

☐ I could be pregnant ☐ I am pregnant

Procedures Utilizing Ionizing Radiation:

I understand that exposure to radiation can be hazardous to the unborn child (fetus). I understand the risks include, but are not limited to, physical deformities and mental defects to the unborn child. My physician and the radiologic technologist, on behalf of the radiologist, have explained the risks and benefits of this imaging examination. I have also been made aware of the available alternatives to this examination (if any).

MRI Examinations:

The FDA has not established guidelines for MRI safety during pregnancy. Any potential risks to the fetus are unknown.

If I have circled "YES" to the question above or if the time between my 1st period and today exceeds the number of days that normally occur between periods, I have been given the opportunity to ask questions and those questions have been answered to my satisfaction.

PATIENT SIGNATURE

_____

Signature of patient or authorized representative Date Time

_____

Relationship Interpreter (if utilized)

_____

Witness

PHYSICIAN'S SIGNATURE (Required only if the patient could be pregnant)

I certify that I have personally and fully explained to the person signing this form the risks and alternatives to the intended examination.

_____ _____ _____

Physician's Signature Date Time

_____ _____ _____

Technologist's Signature Date Time

Lead Shielding Utilized (circle one) Yes No