

Informed Consent To Proceed with MRI Procedure During Pregnancy



Patient Name: _____ Date: _____

This consent is to inform you that the Magnetic Resonance Imaging (MRI) procedure you are having today is at a possible risk to your unborn child/fetus. By signing this you are consenting to understanding all of the information below and have asked all questions needed to understanding the risks associated with the procedure.

There has not been enough investigation or research to determine the safety of the electromagnetic fields used in MRI during pregnancy. Therefore, it is impossible to prove any level of safety from exposure to magnetic fields with respect to human pregnancy.

Several studies have investigated the possible adverse effects of the electromagnetic fields used for MR procedures. The investigation has reported the following results could occur:

1. Weight reduction of the fetus
2. Organ anomalies of the fetus
3. Behavioral modification of the fetus
4. Spontaneous abortion of the fetus
5. Death of the fetus

I, _____, have read the above warning and understand the potential harmful effect to my unborn fetus. I consent to have this MRI procedure as prescribed by my physician. I acknowledge that I have been given ample opportunity to ask questions and that all questions have been answered to my satisfaction. Furthermore, I fully understand that I may refuse to have this MRI procedure conducted on me with any obligation to American Health Imaging. Also, I understand that I may stop this MRI procedure at anytime during its process.

Furthermore, I fully agree that the risks described herein are risk that I am willing to accept. Also, I agree that I will hold harmless American Health Imaging owners, American Health Imaging employees should I, or my fetus, experience any negative effects from this MRI procedure.

Signature of Person giving consent

Date

Printed Name of Person giving consent

Signature of Witness to Person giving consent

Relationship

Technologist