



MRI PREGNANCY CONSENT FORM

INFORMED CONSENT TO PROCEED WITH MRI PROCEDURE DURING PREGNANCY

PATIENT NAME: _____ **DATE:** _____

This consent is to inform you of 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 this procedure.

To date, there are no reports of injury to children who underwent MRI imaging before birth. Generally, MRI procedures are recommended after the first trimester (3 months). While the number of patients scanned during pregnancy is small, with limited follow-up, in the past several years, numerous pregnant patients have undergone MRI with no ill effects. MRI imaging of pregnant patients is carried out when the patient's physician has decided that the advantages of MRI outweigh the potential risks.

I, _____, have read the above warning and understand the potential harmful effects to my unborn child/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. Also, I understand that I may stop the MRI procedure at anytime during its process.

Furthermore, I fully agree that the risks described herein are risks that I am willing to accept. Also, I agree that I will hold harmless Northeastern Nevada Regional Hospital and any of its employees should I, or my child/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