



## **Informed Consent for MRI or X-Ray Procedures – Pregnant Patient**

For the purpose of diagnosis and treatment, your doctor has scheduled you for a procedure that requires the use of Magnetic Resonance (MRI), or X-Rays.

MRI AND X-Ray procedures may be dangerous to the fetus in a pregnant woman. Exams involving these systems or procedures on a pregnant woman are only indicated on the informed advice to the patient from the referring Obstetrician and in consultation with the Radiologist.

I have read the above and have been given the opportunity to ask pertinent questions from my referring Obstetrician and the attending Radiologist and have received satisfactory explanations. I hereby authorize and give my consent to University Medical Imaging to perform the exam requested by my physician.

By consenting to the requested procedure, I acknowledge that I have been informed of the potential risks to the fetus.

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

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

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