



**MRI PREGNANCY CONSENT**

I, \_\_\_\_\_, being knowledgeable that I \_\_\_am pregnant or \_\_\_ may be pregnant, request that the MRI procedure ordered by my referring physician to be performed. I understand that there are no currently known harmful effects to my unborn fetus. However, the experience with MRI during pregnancy is limited, and the possibility of potential harmful effects to an unborn fetus could exist even though none are currently known.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Date