



CASTRO VALLEY
OPEN MRI

PREGNANCY CONSENT

ANY PERSON OF CHILD BEARING AGE (12-50) IS ADVISED THAT RADIATION UNDER CT, AND EXPOSURE TO MRI MAY BE HARMFUL TO THE FETUS, ESPECIALLY IN THE FIRST TRIMESTRAL PERIOD. GENERALLY, THE TEN DAY RULE (TEN DAYS FOLLOWING THE ONSET OF MENSTRUAL PERIOD) IS CONSIDERED SAFE.

PLEASE INFORM THE TECHNOLOGIST PRIOR TO YOUR EXAM IF THERE IS A CHANCE THAT YOU MAY BE PREGNANT.

I, _____, understand that if I am pregnant, radiation/MRI may be harmful to the fetus I may be carrying. Nevertheless, my physician and I feel that the information to be gained from the study is important to my health.

I acknowledge that Castro Valley Open MRI provided me information pertinent to my well-being.

Despite the possible risks, I wish to proceed with the examination as prescribed by my physician.

Patient Signature

Witness

Date and Time



FOR OFFICE USE ONLY:

TYPE OF EXAM: _____ **ONSET OF LAST MENSTRUAL PERIOD:** _____

TECH INITIAL: _____