



Your health. Your Choice. Your MRI.

**INFORMED CONSENT FOR MRI
DURING PREGNANCY**

Date _____

Your physician, Dr. _____, has requested an MRI scan to evaluate your condition prior to treatment. This procedure combines radio frequency waves and a magnetic field. It is approved for general use in adults and children **but has not, to date, been approved by the FDA for use during pregnancy.** However, there are no known adverse effects of an MRI to pregnant women and/or the fetus.

Your signature below indicates that you have been informed of this, that the benefits and risks have been explained to your satisfaction, and that your questions have been answered. You further release Angelo MRI, its owners, and staff from any liability should there be any subsequent problems with your pregnancy or your unborn or born child.

I understand the benefits and risks of this procedure, the reasons why my physician has requested it, and agree to allow Angelo MRI to conduct it.

Patient Signature

Printed Name