



CONSENT FOR MAGNETIC RESONANCE IMAGING & CONTRAST ADMINISTRATION DURING PREGNANCY

PROCEDURE TO BE PERFORMED: _____

Your physician has determined that it is necessary for you to have an examination in which pictures are taken of your body in order to diagnose your medical problem. The reasons for obtaining such a test and the possible consequences of not doing so have been explained to you by your physician.

TECHNIQUE OF PROCEDURE

Magnetic Resonance Imaging is a much newer test than CT scanning. This test does not involve the use of ionizing radiation. Images are made using a combination of radio waves and a very strong magnetic field. Performing this examination requires that the patient's body be placed in this strong magnetic field for a prolonged period of time. Strong magnetic fields and radio waves probably are not hazardous to an unborn baby, but this is not known with certainty.

RISKS OF PROCEDURE

Based upon the physical characteristics of MR scanning and data that have been gathered from various experiments with animals and other biological materials, most (but not necessarily all) scientists believe that there are no known hazards to the patient or unborn baby associated with MR imaging, although what are believed to be non-harmful biological effects have been observed. However, because the test is so new and because very few pregnant women have undergone this test, we cannot be absolutely certain that there are no hazards associated with the test that might become apparent at a later date. Specifically the FDA has made a statement regarding the safety of MR imaging in pregnant women, namely that "The safety of MR imaging for use during pregnancy has not been established. It therefore follows that MR imaging should be used in pregnant patients when in the judgment of the physician, its use is deemed essential to the welfare of the patient."

USE OF CONTRAST MEDIA DURING PREGNANCY

The safety of the use of contrast media during pregnancy has not been established, therefore this preparation should be used in pregnant patients only when, in the judgment of the physician, its use is deemed essential to the welfare of the patient.

I have read (or had it read to me) the information in this consent form and have received a copy. I have agreed to undergo the MRI examination and the administration of contrast media (if necessary) understanding that there may be unknown hazards to the fetus I now carry. I also agree to hold North Star Radiology harmless from responsibility should any untoward or unanticipated effects occur in myself or my fetus as a result of this examination.

_____ AM
X Signature of patient _____ **Date** _____ **Time** _____ PM

_____ **X Signature of guardian or authorized person to consent for this patient** _____ **Date**

I have answered all questions & the patient wishes to proceed

_____ **X Practitioner Signature**