



UNIVERSITY MEDICAL CENTER
602 INDIANA AVENUE
LUBBOCK, TEXAS 79415
MRI AND PREGNANCY

PLEASE ATTACH PATIENT LABEL OR PROVIDE:

NAME _____

MRN _____ FIN _____

ACKNOWLEDGMENT OF INFORMATION FOR MAGNETIC RESONANCE IMAGING (MRI) DURING PREGNANCY

I, the undersigned, understand that I am pregnant or suspect that I am pregnant at the time of the Magnetic Resonance Imaging (MRI) exam.

There are no known biological risks from MRI. No delayed sequelae from MRI examinations have been encountered, and it is expected that the potential risk for any delayed sequelae is extremely small or non-existent. However, according to the FDA, the safety of MRI procedures during pregnancy has not been definitively proven, and is not recommended except in extraordinary circumstances. I recognize these risks and recommendations.

After discussion with the physician, I agree to undergo this MRI examination with full knowledge of the above information.

PATIENT NAME – PLEASE PRINT

PATIENT SIGNATURE

SIGNATURE DATE

SIGNATURE TIME

TECHNOLOGIST SIGNATURE

SIGNATURE DATE

SIGNATURE TIME

