

CONSENT FOR MRI IMAGING & CONTRAST ADMINISTRATION DURING PREGNANCY



Patient Name: _____ Date of Birth: _____ / _____ / _____

Procedure to be Performed: _____

Your medical provider / doctor has determined that it is necessary for you to have an examination in which images are taken of your body to diagnose a potential medical concern. The reason(s) 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 (MRI) is a newer test than computed tomography (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. Strong magnetic fields and radio waves are likely not hazardous to an unborn baby, but this is not known with complete certainty.

RISK(S) OF PROCEDURE

Based on the physical characteristics of MRI scanning and data that has 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 MRI, although what are believed to be non-harmful biological effects have been observed. As the test is still relatively new, and because few pregnant women undergo this exam, 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 MRI 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 was verbally read to me) the information in this consent form and have received a copy of this declaration. 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 currently am carrying. I also agree to hold Bellingham Advanced Medical Imaging harmless from responsibility should any untoward or unanticipated effects occur in myself or my fetus as a result of this examination.

Patient Signature: _____ Date: _____ / _____ / _____

Guardian Signature: _____ Date: _____ / _____ / _____

RADIOLOGIST / PHYSICIAN DECLARATION

I have answered all questions and the patient wishes to proceed.

Radiologist Signature: _____

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