



Advanced Imaging Newport Coast

PATIENT CONSENT FORM

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 Advanced Imaging Newport Coast (AINC) 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 : _____

USE OF BIRTH CONTROL : YES NO NAME : _____

TECH INITIAL : _____ PHYSICIAN SIGNATURE : _____