

# H.O.P.E. Imaging

## Loma Linda High Field Open MRI & Diagnostic Center

### 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 H.O.P.E. Imaging has 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 :** \_\_\_\_\_