



**CONSENT FOR MRI SCAN IN A PREGNANT PATIENT**

**TO THE PATIENT:**

I (we) voluntarily authorize and consent for Baptist M&S Imaging to perform an MRI scan as ordered by my physician.

I (we) understand that no warranty or guarantee has been made to me as to result or cure.

**Although there is no clinical evidence of fetal risk, the short term and long term effects of MRI on the fetus are unknown.**

I (we) have been given an opportunity to ask questions about my condition, risks of non treatment, the procedures to be used, and the risks and hazards involved, and (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me (us), that the blank spaces have been filled in, and that I (we) understand its contents.

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Other legally responsible party: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Baptist M&S Staff Full Signature: \_\_\_\_\_