MRI CONSENT FORM FOR PREGNANT
PATIENTS
Radiology Department

Dr. ___________________________ has discussed MRI with me and its use for
the purpose of detecting abnormalities.

I understand that the exam will be performed in an MRI system that uses radio waves and
magnets to obtain an image.

Benefits and Alternatives to Treatment: My doctor talked with me about the benefits I may
expect from this imaging exam but made no guarantees or promises concerning the results of
the exam. My doctor also talked about what could happen if I do not have this procedure, and
explained other options for my care.

I understand the following:

• The physician who ordered the exam will explain all results to me. Any available options or
treatments will be outlined and provided. The decision on how to proceed is entirely mine.

• The American College of Radiology considers the use of MRI risk free during pregnancy.

Trainees & Observers: Beth Israel Deaconess Medical Center is a teaching facility. This
means that health care trainees such as resident physicians and students may be involved in or
observe my care. All trainees are supervised during the MRI exam. I have read and
understood the content of this form. I have had the opportunity to discuss this with my
physician and have had my questions answered.

I consent to the MRI and medical care.

X ___________________ or X ____________________
Patent’s Signature Person authorized to sign for patient and relationship to patient

X / / Date

I have explained the above statements, and answered all the patient’s questions.

X __________________ M.D. X __________________
Physician Print Name

X / / Date

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