

CONSENT FORM FOR PREGNANT PATIENTS

DATE:

EXAMINATION:

I

am aware that I am weeks pregnant.

I agree to the performance of an MRI examination, despite me being pregnant, as requested by Dr _____

The latter is aware of my pregnancy.

Clinical trials have been done which has shown no evidence of harm or injury to the foetus or baby.

I absolve the Practice of any responsibility, should there be any complications, during my pregnancy or after the birth of my baby.

PATIENT'S SIGNATURE:

PATIENT'S NAME:

WITNESS SIGNATURE

WITNESS NAME

ANNEXURE C