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ENTABENI

HOSPITAL

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Reg. No. 2003/031449/21

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KINGSWAY HOSPITAL ONCOLOGY CENTRE Tel: 087 310 4980 Tel: 087 310 4989 Fax: 087 236 0689 Fax: 087 236 0680 ACCOUNTS: Tel: 087 310 4987 • Fax: 087 236 0687

PARKLANDS HOSPITAL Tel: 087 310 4986 Fax: 087 236 0686

SHIFA HOSPITAL Tel: 087 310 4988 Fax: 087 236 0688 ST. AUGUSTINE'S Tel: 087 310 4984 Fax: 087 236 0684

HOSPITAL

WESTVILLE HOSPITAL Tel: 087 310 4982 Fax: 087 236 0682

DATE:	DD/MM/YYY	
EXAMINATION:		
I MISS MRS		
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

CROMPTON

HOSPITAL

Tel: 087 310 4981 Fax: 087 236 0681