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MRI Patient - Pregnancy Release Form

Patient's Name _____

Patient's MRN: _____

Date: _____

Due Date: _____

Procedure(s) ordered: _____

This is to acknowledge that I have been informed that:

- There is potential risk to the fetus from Magnetic Resonance Imaging during pregnancy
- This procedure has not been approved for pregnant patients by the FDA
- The possible risk associated with not having this procedure performed has been explained to me
- The alternatives and benefits to this procedure have been explained to me

by _____ MD. After consideration of the above, I believe the benefit outweighs the potential risk. Therefore, I release MRI Specialists of the Carolinas, LLC and any and all of their respective affiliates and subsidiaries, as well as the officers, directors, medical staff members, employees, and agents of any and all of the foregoing entities, from any and all claims, actions, suits, demands, agreements, liabilities, judgments, and proceedings both at law and in equity created by, related to or arising from the performance of this procedure.

Patient's signature

Date

Physician's Signature

Date

Witness

Date
