

# Orlin & Cohen Medical Specialists Group

## **Magnetic Resonance Imaging (MRI) & Computed Tomography (CT)**

( ) Lynbrook      ( ) Merrick      ( ) Garden City      ( ) Woodbury      ( ) Bohemia

### Consent Form for MRI or CT with Known or Suspected Pregnancy

Account Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB \_\_\_\_\_

I have been informed that the safety of magnetic resonance imaging in patients with known or suspected pregnancy has not yet been determined. I also understand that any potential ill effects on a fetus (unborn child) have not yet been determined. I am aware that although the magnetic resonance imaging examination is not ordinarily performed during pregnancy, the benefits may outweigh the risks of this procedure.

Having read this and understood this information, I freely give my consent to have the MRI examination.

Signature of Patient or Legal Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ DATE: \_\_\_\_\_

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