



San Luis Diagnostic Center
1100 Monterey Street, Suite 210
San Luis Obispo, California 93401

(805) 542-9700 • Fax (805) 542-0584
www.SLDCinfo.com

NAME: _____

Last Name, First Name Middle Initial

WEIGHT: _____

CONSENT FOR MRI—PREGNANT PATIENT

Please complete this form to the best of your ability. If you do not know the answer, please leave it blank.
If our doctor deems it necessary to get this information we will contact you.

This form is used to aid the radiologist in interpretation of this study only.

The following may interfere with an MRI exam, and some could be hazardous to your health.

Do you have (a/an/any)

Heart Pacemaker/Defibrillator?	Yes	No	Stent?	Yes	No
Aneurysm clips from brain surgery?	Yes	No	Cochlear Implant(s)?	Yes	No
Kidney Disease or Kidney problems?	Yes	No	Artificial Joint(s)?	Yes	No
Surgical Clips?	Yes	No	Harrington Rods?	Yes	No
Artificial heart valve(s)?	Yes	No	Wire Sutures?	Yes	No
Insulin Pump?	Yes	No	Dentures?	Yes	No
Hearing Aid(s)?	Yes	No	Are you pregnant or nursing?	Yes	No
Possibility of metal fragments in your eyes?	Yes	No	Mechanical device worn externally or implanted internally?	Yes	No
Cosmetic piercings or implants? (other than dental implants)	Yes	No			

To complete your MRI exam, we may need to administer a special MR contrast agent. The contrast agent is given through a needle placed into your vein. This contrast is considered very safe. Infrequently, a patient will have a mild reaction to the contrast. The radiologist and the technologists at San Luis Diagnostic Center are trained to treat such reactions. To date, only a very few serious reactions to the agent have been reported in the United States.

A radiologist has explained the procedure, and any risks involved to me or my unborn baby.

To our knowledge, there are no known complications to administering this dye during pregnancy. Your doctors have determined that the information that can potentially be gathered by performing this test during pregnancy outweighs the potential risks to your fetus.

Signed: _____ Date: _____

Relationship to patient: Self Parent or guardian of minor patient Guardian or conservator of patient

Please remove the following items before having your MRI examination.
Secure them and all your valuables in your dressing room locker.

Hearing aids	Wallet/Credit cards	Wig	Dentures
Jewelry (except rings)	Keys	Hairpins	Safety pins