



UT MRI Center

6431 Fannin, G.605, Houston, TX, 77030
Phone: (713)500-6916 Fax: (713)500-0698

To: **Department of Diagnostic & Interventional Imaging-MRI**

From: _____

After consulting my physician, I am requesting that certain diagnostic MRI exams be performed on me. I understand that in order for these MRI's to be performed I will be exposed to a strong magnetic field on my body.

I have been informed and understand that MRI's performed during the early stages of pregnancy may be harmful to a developing fetus.

I understand that it is important that patients who may be pregnant consult with their physicians regarding any possible pregnancy before MR's are performed. I also understand that it is very important to my health and the health of the fetus, if there is one, for me to inform my physician, the nurse, or the MR technologist if there is a possibility that I am pregnant. As a result, I have discussed the matter with my physician, the nurse, or the MRI technologist as necessary; I take full responsibility for any injury to any developing fetus I may be carrying.

I have read this form or have had it read to me, and I have had an opportunity to discuss it and ask questions.

Patient Signature

Date

Witness

Date