

Patient Pregnancy Consent Form

**INFORMED CONSENT TO PROCEED WITH CT PROCEDURE
DURING PREGNANCY**

Patient Name: _____ Date: _____

This consent form is to inform you that Computed Tomography (CT) procedure you are having today is at a possible risk to your unborn child/fetus. By signing this you are consenting to understanding all off the information below and having asked questions needed to understand the risk associated with the procedure.

The involved risk with the CT procedure of the fetus to radiation has the risk of causing very low fetal abnormalities of demise. CT procedure of pregnant patients is carried out when patient's physician has decided that the advantages of CT outweigh the potential risk.

I, _____, have read the above warning and understand the potential harmful affects to my unborn fetus. I consent to have this CT procedure as prescribed by my physician. I acknowledge that I have been given the opportunity to ask all questions and that all questions have been answered to y satisfaction. Furthermore, I fully understand that I may refuse to have this CT procedure conducted on me without any obligation to NY MedScan Diagnostic Imaging or any of its subsidiaries, owners, and employees should I, or my fetus, experience any negative effects from this CT procedure.

Signature of Person Giving Consent

Date

Printed Name of Person Giving Consent

Signature of Witness to Person Giving Consent

Relationship

Technologist

Date