



PREGNANCY RELEASE FORM

If you are pregnant or suspect that you could be pregnant, please notify the CT or MRI technologist.

By signing this form, you are consenting to have your radiology procedure performed as prescribed by your physician, with the knowledge of the potential harmful effects of an existing pregnancy.

You are also acknowledging that you have been given ample opportunity to ask any questions and that all questions have been answered to your satisfaction.

Furthermore, you fully understand that you may refuse to have this radiology procedure performed without any obligation to Stonebriar Medical Imaging.

Thank you.

Patient Name: _____ SMI ID # _____
(FOR OFFICE USE)

SIGNATURE: _____ DATE: _____

Date of Last Menstrual Cycle: _____