



PREGNANCY RELEASE FORM

Patient Name: _____ AGE: _____ Date: _____

YES NO

1.) Have you had a hysterectomy or already gone through menopause?

If yes skip questions 1-5

2.) Please give the date of first day of last normal menstrual period.

3.) Does this date fall with-in the last 10 days?

4.) Are you currently on birth control or hormone replacement?

A. Tubal Ligation

B. Husband vasectomy

C. Birth control pills

D. Condoms

E. Diaphragm and foam

F. Other birth control method

G. None of the above

What type?

5.) If "no" or "none of the above", have you had any sexual activity since your last menstrual period that may put you at risk of being pregnant?

If you are pregnant or suspect that you could be pregnant, please notify the 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 **Jersey Advanced MRI & Diagnostic Center Inc.**

SIGNATURE: _____ DATE: _____