



PREGNANCY ACKNOWLEDGEMENT / RELEASE

PATIENT NAME: _____ AGE: _____

DATE OF LAST MENSTRUAL PERIOD: _____

There are unknown risks to an unborn in any imaging exam. If there is a possibility you may be pregnant, it is strongly recommended that you postpone radiographic imaging exams until it can be confirmed that you are not pregnant.

It is the policy of Molecular Imaging that women who are pregnant or suspect that they are pregnant should not have an exam that utilizes ionizing radiation unless the referring physician and/or radiologist determine the exam is medically necessary.

I have read and understand the above statement. To the best of my knowledge, **I am not pregnant** at this time. Consequently, I am electing to have radiographic diagnostic imaging exam(s). I hereby release the ordering/attending physician, Molecular Imaging and all their physicians, agents, and employees from all liability if it is determined that I am pregnant during the time of the exam.

I have read and understand the above information provided:

Patient Signature: _____ **Date:** _____

With the above being acknowledged and understood;

1. I, _____(patient name) am **consenting** to undergo the exam/procedure (*releasing all liability if determined I am pregnant*).

Patient Signature: _____

2. I decline to undergo the exam/procedure.

Patient Signature: _____

WITNESS

DATE