

**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