

RADIOLOGISTS – RADIOLOE

**DR DE VILLIERS
AND PARTNERS
INC**



VAT Registration No.: 4530116781

Practice No.: 3802590

Registration No.: 2012/037745/21

CONSENT FORM FOR PREGNANT PATIENTS

Date: _____

Examination: _____

I Miss / Mrs / Ms _____ am aware that I am currently _____ weeks pregnant.

I understand all the risks involved in performing this MRI, as requested by Dr _____, whom is aware of my pregnancy.

Clinical trials have been done which has shown no evidence of harm or injury to the foetus or baby after the first trimester.

I absolve the Practice and staff of any responsibility, should there be any complications, during my pregnancy or after the birth of my baby.

Patients Signature

Witness signature

Patients Name

Witness Name

Netcare Krugersdorp Hospital, 9 Burger Street, Krugersdorp

011 953 1384/6

Netcare Garden City Hospital, 35 Bartlett Road, Mayfair West

011 839 1607/8

Accounts: 15 Lawley Avenue, Northcliff

011 888 1700

PO Box 48137, Roosevelt Park, 2129