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Registration No. 2012/037745/21

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Practice Number: 380 2590

ACCOUNTS

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INFORMED CONSENT – PREGNANT PATIENTS

Date:

Examination:

I,

am aware that I am currently _____ weeks pregnant. I understand all the risks involved in performing this Radiological Procedure, as requested by Dr _____, whom is aware of my pregnancy.

Imaging will be kept as limited as reasonably possible and radiation protection will be used where possible (relating to general radiology and CT scans).

There is no radiation exposure when an MRI scan is done.

I completely absolve Dr De Villiers and Partners Inc. T/A ImagePro Radiology or any of its doctors and staff of all responsibility for any complications whilst undergoing my Radiological Procedure scan and any consequences thereafter.

Patient Signature

Witness Signature

Date

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