

AUSTIN RADIOLOGICAL ASSOCIATION

PREGNANCY RELEASE FORM

It is recognized that ionizing radiation can be harmful to a fetus or that the effects of a magnetic field on a fetus has been undetermined as of yet. It is the policy of Austin Radiological Association that women who are pregnant or suspect that they are pregnant should not have an exam that utilizes ionizing radiation or magnetic fields unless the referring physician and/or radiologist determine the exam is medically necessary. Austin Radiological Association requires confirmation of pregnancy/non-pregnancy for women of childbearing age prior to performing a radiological exam. Childbearing age is considered to be between 10-55 years of age.

PATIENT: Please check and initial your pregnancy status:

- I am not pregnant
I am weeks pregnant
I am unsure of my pregnancy status

Pregnancy may be confirmed with a blood/urine test at the patient's expense. I understand that the home urine pregnancy test that ARA currently utilizes is not 100% accurate, and if the test is performed within 21 days of conception the results may not be accurate. If you are pregnant or suspect you may be pregnant, your options are as follows:

UNCLEAR PREGNANCY STATUS

I have decided to reschedule the exam/procedure until my pregnancy status is confirmed. ARA personnel will notify my physician of the delay of my exam.

I am unsure of my pregnancy status and have declined a pregnancy test. I have decided to have the exam with ionizing radiation and have opted to be shielded. I understand the shield is not 100% protective against ionizing radiation. (Does not apply to Nuclear Medicine or PET exams)

I have had a pregnancy test and the results indicate that:

- I am pregnant
I am not pregnant

POSITIVE PREGNANCY STATUS:

At this time I have:

- Consented to undergo the exam/procedure
Declined to undergo the exam/procedure

VISITORS: I am not pregnant and have chosen to enter the scan/exam room with the patient
\*\*For the privacy and safety of our patients, visitors are not allowed in the room for some exams.

By signing below, I agree that the above statements are true and hereby release Austin Radiological Association from any complications that may occur from exposure to ionizing radiation or a magnetic field and assume responsibility for my decision to undergo the procedure/exam.

Patient/Legal Representative Signature
Date/Time
Visitor Signature
Date/Time
ARA Front Office Staff
Date/Time
ARA Technologist/ Nurse/ Paramedic
Date/Time

Technologist Only: Patient shielded? (circle one) YES NO If yes, comments will also be entered in IDX. Tech Initials

Comments: