



**NEW YORK
RADIOLOGY
PARTNERS**

East Manhattan Diagnostic Imaging

Union Square Diagnostic Imaging

Dove Open MRI

Kingsway Diagnostic

Columbus Circle Imaging

Morningside Medical

Midtown Medical Pavilion

Central Park Women's Imaging

PREGNANCY CONSENT FORM

Date: _____

This examination requested by my physician is potentially harmful to my pregnancy, and may cause a miscarriage or congenital deformity. I understand this potential risk to the pregnancy and agree to have the examination performed as requested.

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____