

**Pregnancy Status: Re-justification Form (Adult)**

Patient Name			
DOB	__ / __ / ____	Procedure	
MRN		Date	__ / __ / ____

<b>1. To be completed by the Referrer/Practitioner if the patient is pregnant or pregnancy <u>cannot</u> be ruled out</b>			
This procedure has been deemed clinically urgent and justified			
Signature:		MCRN	

<b>2. To be completed by the Patient if she is pregnant or pregnancy <u>cannot</u> be ruled out</b>	
The benefits and risks associated with this procedure have been explained to me and I consent to proceed	
Signature:	