PREGNANCY WARNING AND CONSENT TO X-RAY

Patient Name:_____

Date: _____

I understand that if I am pregnant and have x-rays taken which expose my lower torso to radiation, it is possible to injure the fetus.

I have been advised that the 10 days following onset of a menstrual period are generally considered to be safe for x-rays exams.

With those factors in mind, I am advising my doctor that:

I am pregnant	yes __ no __ don't know __
I could be pregnant	yes __ no __ don't know __
I am late with my menstrual period	yes __ no __ don't know __
I am taking oral contraceptive	yes __ no __ don't know __
I have an IUD	yes __ no __ don't know __
I have had a hysterectomy	yes __ no __ don't know __
I have irregular menstrual periods	yes __ no __ don't know __

My last menstrual period began on:_____

With full understanding of the above, and believing that I am not currently at risk, I wish to have an x-ray examination now.

Signature:_____

Witness:_____