

X-RAY PREGNANCY CONSENT FORM

Dear Patient, you are scheduled for an examination that will be using X-Rays. The radiation used may be harmful to an unborn child/developing fetus, especially in the first trimester. To help prevent the accidental irradiation of an unrecognized pregnancy and in accordance with National Standards, we require the following information of female patients of child bearing age.

Name: _____

Date of your last menstrual cycle: _____

Birth Control measures: _____

Is there a chance you may be pregnant? Yes No

I have been fully informed of the risks involved in radiation of a first trimester pregnancy and assume the responsibility for any consequences from the procedures I am about to have. I understand that I will not hold Valley Imaging responsible for any potential harm to myself or my unborn child. By signing below I consent to the necessary X-Ray procedures.

Signature: _____ Date: _____

Witness: _____