

### Consent to X-ray/Pregnancy Warning

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

I understand that I may injure my fetus if I am pregnant and have X-rays taken that expose radiation to my lower torso.

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

	Yes	No	Don't Know
I am pregnant	___	___	___
I could be pregnant	___	___	___
I am late with my menstrual period	___	___	___
I am taking oral contraceptives	___	___	___
I have an IUD	___	___	___
I have had a tubal ligation	___	___	___
I have had a hysterectomy	___	___	___
I have irregular menstrual periods	___	___	___

My last menstrual period began on: \_\_\_/\_\_\_/\_\_\_

Fully understanding the above, and believing that I am not currently at risk, I wish to have an X-ray examination performed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

Date: \_\_\_/\_\_\_/\_\_\_