



### All Female Patients of Childbearing Age

*The low risk involved in the use of medical X-rays can be further reduced if your Radiologist (physician) knows whether or not you are pregnant. Some X-rays can be done safely even if you are pregnant. Others can be postponed or not done at all.*

Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Have you had a hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last menstrual period
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Other information relating to birth control measures used or previous surgery

Additional information you believe would be helpful

**Signatures**

***I understand and accept the responsibility for the X-ray examination.***

Patient name (please print)	Patient/Guardian signature	Date
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If guardian, print name	Relationship to patient
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Witness signature	Witness name (please print)	Date
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