



Patient's Pregnancy Evaluation Form

Dear Patient,

In order for us to fully evaluate you we are required to take x-rays of some part(s) of your body. It has been predicted that an unborn child in its first trimester would be more sensitive to radiation than an adult. In order to insure that accidentally, knowingly or otherwise, no Fetus (unborn child) be exposed to radiation from x-ray machines, we ask you provide us with the following information. We thank you for the information and this information is strictly confidential and is solely used to the purpose it is intended.

Date: _____

Name: _____

Date of the onset of last menstrual period: _____

Is there any chance that you may be pregnant? YES | NO

To the best of my knowledge, I am not pregnant and by providing this application for Physician/Technologist has informed me of the effects of Radiation to the Unborn baby and me by signing below have consented to taking the x-rays of my body parts for further studies.

Signature: _____