

X-RAY CONSENT FOR WOMEN OF CHILDBEARING AGE

PATIENT AUTHORIZATION AND NOTICE

Patient Name

DOB

We sometimes ask the cooperation of our patients by asking "personal" but necessary and important questions in order to provide you with quality care.

The amount of radioactivity used in x-rays is minimal and the slight risk of radiation exposure is warranted in view of the diagnostic information that may be obtained; however, it is recognized that this radiation can be harmful to a fetus. The risk of radiation exposure to the unborn fetus is significant in that it may cause genetic effect. For this reason, women who are pregnant or who may possibly be pregnant should follow through with these exams only under the advice and close monitoring of their medical provider. **Treasure Coast Urgent Care requires confirmation of pregnancy/non-pregnancy for women of child-bearing age prior to performing any imaging study.**

The 10 days following the onset of a menstrual period generally is considered safe for diagnostic examinations that have radiation exposure.

Do you have menstrual cycles? YES NO

If yes, please answer the following questions:

- Date when last menstrual period started: _____
- Do you practice birth control? YES NO
- Have you been sexually active since your last cycle? YES NO

Are you pregnant or is it possible that you may be pregnant? YES NO

If yes, pregnancy test results date: _____

I realize that if I am pregnant and decide to have an X-ray examination, there is a possibility of injury to the fetus. I acknowledge and understand the significant risk of radiation exposure to an unborn fetus and that to the best of my knowledge, I am not pregnant. I therefore wish to have the study performed now.

Signature of Recipient

Date

Signature of X-ray Tech

Date