

PATIENT'S PREGNANCY EVALUATION FORM

Dear Patient, in order for us to fully evaluate you we may be required to take x-rays of some part 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 to provide us with the following information. We thank you for the information. This information is strictly confidential and is solely used for the purpose it is intended.

Date:

Name:

Address:

Phone:

Date of Birth:

Date of the onset of last Menstrual Period:

Is there a chance that you may be pregnant? _____

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

Signature: _____