



FEMALE X-RAY CONSENT FORM

Our consultation and examination may indicate that x-rays are necessary to accurately diagnose and analyze your condition. Should x-rays be necessary we would like to confirm that you are not pregnant at this time.

Name: _____

- There is a possibility that I may be pregnant at this time.
- Yes, I am definitely pregnant
- No, I am definitely not pregnant at this time
- I request that x-ray films not be taken because:

Date of last menstrual period: _____

Patient's Signature

Date