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Name of patient: _____ Date of X-ray: _____

General X-ray Consent -

During your examination, x-rays may be necessary in order to properly diagnosis an injury. In order to perform these x-rays, our office requires the consent of the patient or responsible party.

_____ I understand that my condition may require my doctor to take x-rays to further diagnosis my symptoms. With full understanding of the above, and believing that I am not currently at risk, I wish to have an x-ray examination performed today if requested by my doctor.

_____ I choose **not** to have any x-ray at this time and release my doctor of all liabilities.

Female Patient's-

_____ I understand that if I am pregnant and have x-rays taken which expose my lower torso to radiation, it is possible to injure the fetus.

_____ I have been advised that the ten (10) days following onset of a menstrual period are generally considered to be safe for x-ray exam.

Chance of Pregnancy: Y/N

Last Menstrual Period: _____

Are you using any form of birth control? Y/N

I have begun Menopause: Y/N

Method: Pill / IUD / Tubal Ligation / Hysterectomy

Other _____

My menstrual period is late: Y/N/Unsure

I have irregular periods: Y/N

Signature of patient: _____ Date: _____