

SPRING HILL
IMAGING CENTER

Department of Radiology

Radiology
Pregnancy Consent

The following statements are to be read by all female patients over the age of ten (10) years when scheduled for radiological procedures:

Diagnostic exams taken during pregnancy may pose some risk to the unborn child. You are asked to inform the technologist if there is ANY possibility that you may be pregnant.

I certify that, to the best of my knowledge (*check all that apply*):

I AM NOT PREGNANT

I AM NOT BREAST FEEDING AS OF THIS DATE.

DATE OF LAST MENSTRUAL PERIOD? ___/___/___

___/___/___

Date

Signature of Patient

___/___/___

Date

Signature of Technologist