

Vanderbilt Imaging Services/ New Light Imaging

Hillsboro Imaging
Cool Spring Imaging
Belle Meade Imaging
One Hundred Oaks Imaging

Radiology Department - 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 exams or 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

➤ Date of last menstrual period? ____ / ____ / ____

I am not breast feeding

____ / ____ / ____
Date

Signature of Patient

____ / ____ / ____
Date

Signature of Technologist