



### PREGNANCY RELEASE FORM

This form must be completed for/by all women between 12 and 55 years of age. The radiation used in x-ray may be harmful to unborn children.

Are you pregnant?  Yes  
 No

It was explained to me and I understand that, if I am pregnant, risks to the unborn fetus are possible and I agree to have the radiographic study completed for diagnostic interpretation.

I understand that all precautions and shielding will be taken in order to protect me.

|                |           |      |
|----------------|-----------|------|
| Name (Printed) | Signature | Date |
|----------------|-----------|------|

|   |      |
|---|------|
| Signature of Parent or Guardian ( <i>if minor</i> ) | Date |
|---|------|

Relationship to Patient (*if minor*)

|  |      |
|--|------|
| ( <i>If Pregnant</i> ) Physician Signature | Date |
|--|------|