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## Pregnancy Consent Form

Tower Radiology requires all women of child bearing ages 12 – 60 years old to complete the Pregnancy Consent Form. Examinations of CT and X-Ray utilize radiation and can be harmful if performed during certain stages of pregnancy. We apologize for the personal nature of these questions, but it is very important that we know if there is any chance you may be pregnant before we obtain x-rays, CT scans or administer diagnostic iodinated contrast agents.

Name \_\_\_\_\_

Beginning Date of Last Menstrual Cycle \_\_\_\_\_

     **I AM NOT PREGNANT**

Hysterectomy	YES	NO
Both Ovaries Removed	YES	NO
Menopause	YES	NO
Less than 10 Days since First Day of Last Menstrual Period	YES	NO
If your last menstrual cycle was more than 10 days ago:		
Have you been sexual active:	YES	NO
If yes, what, if any, form of birth control do you use?:		

     **I AM PREGNANT**      \_\_\_\_\_ **Weeks**

I acknowledge and understand that x-rays and/or diagnostic Iodinated contrast agents may be harmful to my unborn child.

I have been informed of the risk involved in radiation exposure and or the administration of contrast material during pregnancy. I hereby release all radiologist, respective staff and Tower Radiology thereof of any and all responsibility for any adverse reaction to myself and/or damage to my unborn fetus.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Radiologist Signature

\_\_\_\_\_  
Date