



**TASHKENT
INTERNATIONAL
CLINIC**

 38 Sarikul street, Tashkent
100105, Uzbekistan
 +998 71 291-0142
+998 78 120-1144
 www.tashclinic.org
tic@tashclinic.org

INFORMED CONSENT FOR X-RAY EXAMINATIONS OF PREGNANT OR POTENTIALLY PREGNANT PATIENT

PATIENT: _____

DOB: _____

LMP: _____ GA: _____

At the time of the radiologic examination, all patients of childbearing potential will be asked if they could be pregnant at the time of current examination.

This informed consent form applies only to single examination diagnostic radiographic studies.

Although during pregnancy there is a small risk of radiation to the unborn baby, particularly in the first trimester, as part of the requirement set by Consular Section, Embassy, Employer, Agency or any organization where you apply for visa processing, you will be required to undergo non-emergency X-ray examination of your lungs.

You and your unborn child will be exposed to X-rays. The occurrence of the outcome depends upon the gestational age at the time of radiation exposure and the dose of radiation absorbed by the fetus

Pregnant women undergoing chest x-ray will be provided abdominal and pelvic protection with two lead shields that wrap fully around the abdomen and pelvis

Any questions you have regarding this examination should be directed to Panel radiologist or Panel physician.

I, _____, confirm that was given opportunity to ask questions, discuss and received answers by Panel radiologist or Panel physician; have read and fully understand the above and hereby give my consent to have an X-ray procedure performed.

Patient/guardian signature: _____ Date: _____