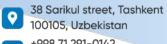


PATIENT:







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

DOB:	
LMP:GA:	
At the time of the radiologic examination, all patie be pregnant at the time of current examination. This informed consent form applies only to single	ents of childbearing potential will be asked if they could examination diagnostic radiographic studies.
trimester, as part of the requirement set by Co	of radiation to the unborn baby, particularly in the first onsular Section, Embassy, Employer, Agency or any you will be required to undergo non-emergency X-ray
You and your unborn child will be exposed to X-gestational age at the time of radiation exposure an	rays. The occurrence of the outcome depends upon the ad the dose of radiation absorbed by the fetus
shields that wrap fully around the abdomen and pe	rovided abdominal and pelvic protection with two lead lvis tion should be directed to Panel radiologist or Panel
I,	, confirm that was given opportunity to ask el radiologist or Panel physician; have read and fully to have an X-ray procedure performed.
Patient/guardian signature:	Date: