

Informed Consent for X-Ray Examinations of the Pregnant or Potentially Pregnant Patient

This informed consent form applies to single examination diagnostic radiographic studies such as a chest x-ray. You are scheduled for an X-Ray examination of your body. You and your unborn child will be exposed to X-Rays. Lead shielding will be used whenever possible. The risk to you is very small. The amination might theoretically increase the possibility of cancer later in the child's life, but the actual potential for a healthy life is very nearly the same as that of other children in circumstances like yours. The examination does not add to the risk for birth defects. Your physician has considered the risks associated with this examination and believes it is in you and your child's best interests to proceed.

I, _____, have read and fully understand the above and hereby give my consent to have an X-Ray procedure performed upon myself. I have been informed of the estimated risks to my unborn child. All my questions have been answered by a technologist and/or a doctor.

Patient Signature: _____ Date: _____

Witness: _____