



PREGNANCY RELEASE FORM

NAME: _____, _____ DOB: ___/___/___
(Last) (First)

Thank you for coming to our facility and allowing us the opportunity to serve you. We sometimes ask for the cooperation of our patients by asking "personal" but necessary and important questions in order to provide you quality care.

1. Are you pregnant or do you think you may be? _____ NO _____ YES

2. Have you recently had a pregnancy test? _____ NO _____ YES

If yes, test date: _____ / _____ / _____ _____ Negative _____ Positive

Dr. _____

3. Date of last menstrual period: _____ / _____ / _____

Post Menopausal? _____ NO _____ YES

4. Are you taking contraceptives or receiving hormonal treatment? _____ NO _____ YES

5. Have you had a hysterectomy or tubal ligation? _____ NO _____ YES

6. Are you currently breastfeeding? _____ NO _____ YES

The exam your doctor has ordered uses radiation which can have a severe health effect during pregnancy to an unborn baby. The possibility of severe health effects depends on the gestational age of the unborn baby at the time of exposure and the amount of radiation it is exposed to. Unborn babies are particularly sensitive to radiation during their early development, between weeks 2 and 15 of pregnancy. Such consequences can include stunted growth, deformities, abnormal brain function, or cancer that may develop sometime later in life. You should contact your doctor if you believe you may be pregnant to discuss possible side effects and the risks and benefits of the procedure. If you feel that you may be pregnant, please inform the radiologic technologist before your exam.

_____ I know or believe that I may be pregnant and fully understand the risk and health effects radiation may cause to my unborn baby.

By signing this form I agree that Lakeside MRI & Diagnostic Center is not responsible for any health effects caused by exposure to radiation.

Signature _____

Date _____

TECH INITIALS _____