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Your physician has referred you for an imaging procedure, which may involve radiation exposure to your body. The physician or technologist is available to explain the procedure and answer any questions you may have.

**FEMALE Patients (Childbearing age, 12-55)**

**Section A.**

Are you pregnant? (Please check one)

☐ Yes, If the procedure is not an emergency, we recommend that you wait until the completion of your pregnancy unless, in the judgment of your physician, the test is necessary and/or the radiologist believes there is minimal risk to your child.

☐ No, Maybe or Do Not Know. Please complete Section B.

Last Menstrual Period Date: \_\_\_\_\_

**Section B.**

The following questions are being asked for the sole purp

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