

MUST BE COMPLETED AND SIGNED BY ALL FEMALE OF CHILDBEARING AGE BEFORE A PROCEDURE INVOLVING IONIZING RADIATION

Ionizing radiations can be harmful to a fetus. It is the policy of Affidea that females who are pregnant or suspect that they are pregnant should not have a procedure that uses ionizing radiation unless the referring physician and/or radiologist determine that it is medically necessary. Our center requires confirmation of pregnancy/non pregnancy status for females of childbearing age who are patients or who are required to be present with the patient during the procedure.

PATIENTS

A I am not pregnant

B I am _____ weeks pregnant

C I am unsure of my pregnancy status

D I am in menopause

Surname, name and signature of patient or legal representative		Date	
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If you checked boxes B or C

Radiation to the embryo/fetus is minimally associated with but not limited to the following risks: increased risk of childhood cancer, congenital abnormality, mental retardation, small head size and miscarriage. The possible risk vs. benefit of the procedure has been discussed with me. I have been given the opportunity to ask questions about the proposed procedure, and its risk and alternatives. I have sufficient information to give this informed consent. The form has been explained to me, I have read it, or had it read to me, and I understand its contents.

I decided to reschedule the procedure

I have read and fully understood the above and I hereby give my consent to proceed with the procedure. I have been informed of the estimated risks to the embryo or fetus.

Surname, name and signature of patient or legal representative		Date	
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VISITORS (who wish to accompany the patient in the examination room)

I am not pregnant and I have chosen to enter the room with the patient

Surname, name and signature		Date	
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