

X-RAY CONSENT FORM

During your examination, the doctor may feel that x-rays will be needed in order to diagnose your condition. In addition, they may be required in order to administer treatment. By signing below, I consent to having the diagnostic x-rays performed, which the doctor determines is clinically necessary.

Signature: _____ Date: _____

PORTION FOR WOMEN ONLY:

I understand that if I am pregnant and have x-rays taken which expose my lower torso to radiation, it is possible to injure the fetus. I am aware that the ten days following the onset of a menstrual period are generally considered to be safe for x-ray exams, with full understanding of the above, and believing that I am currently not at risk, I wish to have an x-ray examination performed today if requested by the doctor.

Signature: _____

Date: _____