

# Radiology Pregnancy Release

Name \_\_\_\_\_

SID \_\_\_\_\_

The radiation used in X-ray may be harmful to a fetus. To help prevent the accidental irradiation of a possible pregnancy, and in accordance with national standards, we require the following information from patients who can get pregnant. If any of the information below indicates the possibility of pregnancy, a urine pregnancy test will be performed prior to your X-ray exam.

Please answer the following questions:

1. First day of your last normal menstrual period? \_\_\_\_\_
2. Since your last normal menstrual period, have you had sexual intercourse that could result in pregnancy?    Yes        No
3. Are you, or is it possible that you could be, pregnant?    Yes        No        Unsure

I have been informed of the risks involved in radiation exposure during pregnancy and I assume the responsibility for any consequences of the X-ray exam I am about to have. I will also not hold UCSC Student Health Services or its employees responsible for any potential harm to my fetus or myself.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

.....  
Staff Use:

Pregnancy test not performed:

\_\_\_ 1<sup>st</sup> day of LNMP within 10 days

\_\_\_ No sexual intercourse that could result in pregnancy since last menses

Other: \_\_\_\_\_

Negative urine pregnancy test performed in Lab on date above

Positive urine pregnancy test performed in Lab on date above

R.T. initials \_\_\_\_\_