



PARTNERS WITH ST. DOMINIC HEALTH SERVICES

**PATIENT INFORMATION SHEET
FEMALES SCHEDULED FOR DIAGNOSTIC RADIOLOGY PROCEDURES**

It is the policy of Madison Medical Imaging (MMI), to exercise extreme caution in the event that a female patient between the ages of 12 and 50 is scheduled for a diagnostic imaging procedure that utilizes ionizing radiation. The effects of ionizing radiation on a fetus are potentially harmful and thoughtful consideration must be given to a female patient whose doctor has requested such a procedure (CT Scan, radiographic plain films, nuclear medicine and fluoroscopy).

Please take a moment and answer the following questions so that we might serve you and your physician in a thorough and safe manner.

Patient Name: _____

- 1) Are you between the ages of 12 and 50? YES____ NO____
- 2) Have you undergone a hysterectomy? YES____ NO____

(If you answered YES to #2, please skip the remaining questions and sign at the bottom)

- 3) Please state the approximate date of your last menstrual period: _____
- 4) Is there any possibility that you might be pregnant? YES____ NO____
- 5) If you have children, are you currently breast-feeding? YES____ NO____

**UNCLEAR PREGNANCY STATUS
(Please initial the appropriate box and sign at the bottom)**

_____ I have decided to reschedule the imaging procedure until after my pregnancy status is confirmed. MMI personnel will notify my physician of the delay in my scheduled procedure.

_____ I have had a **blood** pregnancy test and the results indicate that I am:
_____pregnant
_____not pregnant

By signing below, I agree that the above statements are true and hereby release Madison Medical Imaging (MMI), from any complications that may arise from exposure to ionizing radiation and assume responsibility for my decision to undergo the procedure.

Patient/Legal Representative Signature

Date

Printed Name

Witness