



3200545

**BAILEY MEDICAL CENTER
OWASSO, OKLAHOMA 74055**

**CONSENT FOR CHILD BEARING
AGE FEMALE PATIENTS
RECEIVING RADIATION
200545 (10/13)**

PATIENT NAME (Print) _____

Date of Birth _____ Medical Record # _____

Exposure of a fetus to radiation of any type can be hazardous, especially during the first trimester of pregnancy. Female patients are required to complete the following questionnaire:

I am able to state, with certainty, that:

- I am currently pregnant (will require a signed consent)
- I am not currently pregnant
- I am uncertain (will require a pregnancy test)

Signature of patient or authorized representative Date Time

Relationship to patient Interpreter (If utilized)

Witness Date Time If telephone consent, second witness

Radiographic study/test ordered: _____

I realize that there is a possibility that I could be pregnant, or that I am pregnant and that exposure to radiation can be hazardous to the unborn child (fetus). The risks (including but not limited to spontaneous abortion, physical deformities and mental defects), benefits and alternatives have been explained to me by a physician. I have had an opportunity to ask any questions which I may have and they have been answered fully to my satisfaction. **I do hereby authorize the Imaging Department of Hospital, it's employees and agents, and the physicians to perform the imaging studies requested by my physician and will hold them harmless should I, or my fetus, experience any negative effects from these studies.**

Signature of patient or authorized representative Date Time

Relationship to patient Interpreter (If utilized)

Witness Date Time If telephone consent, second witness

Physician Signature Physician Name Printed Date Time

