



PATIENT INFORMATION

Last name:	First Name:
DOB:	Social Security #:

RADIOLOGICAL EXAM FOR FEMALE PATIENTS BETWEEN THE AGES OF 10-55 YEARS OF AGE ONLY

I am a female patient between the ages of 10-55 years of age.

It is recognized that ionizing radiation can be harmful to a fetus and that the effects of a magnetic field on a fetus has been undetermined as of yet. It the policy of North Houston Orthopedics and Sports Medicine that females who are pregnant or suspect that they are pregnant should not have an exam that utilizes ionizing radiation or magnetic fields unless the referring physician and/or radiologist determines the exam is medically necessary. North Houston Orthopedics and Sports Medicine requires confirmation of pregnancy/non pregnancy for females of childbearing age prior to performing a radiological exam. Childbearing age is considered to be between 10-55 years of age.

PATIENT: Pregnancy may be confirmed with a urine test at the patient's expense. I understand that the home urine pregnancy test that North Houston Orthopedics and Sports Medicine currently utilizes is not 100% accurate and if the test is performed within 21 days of conception the results may not be accurate. If you are pregnant or suspect you may be pregnant, your options are as follows:

I am NOT pregnant and have chosen to enter the scan/exam room.

I have decided to reschedule the exam/procedure until my pregnancy status is confirmed. North Houston Orthopedics and Sports medicine personnel will notify my physician of the delay of my exam.

I have declined a pregnancy test and have decided to proceed with my examination.

I have had a pregnancy test and the results indicate: I am pregnant I am NOT pregnant

POSITIVE PREGNANCY STATUS: 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 effects of a magnetic field on a fetus have been undetermined as of yet. The possible risk vs. benefit of the exam/procedure has been discussed with me. I have been given the opportunity to ask question about the proposed imaging procedure and its risks and alternatives. I have sufficient information to give this informed consent. At this time:

I have read and fully understand and hereby give my consent to have an X-ray or MR procedure.

I Decline to undergo the exam/procedure.

VISITORS: I am a visitor and I am NOT pregnant and have chosen to enter the scan/exam room with the patient

VISITOR NAME: _____ Signature/Date: _____

I ACKNOWLEDGE AND HEREBY RELEASE NORTH HOUSTON ORTHOPEDICS AND SPORTS MEDICINE FROM ANY COMPLICATIONS THAT MAY OCCUR FROM EXPOSURE TO IONIZING RADIATION OR A MAGNETIC FIELD AND ASSUME RESPONSIBILITY FOR MY DECISION TO UNDERGO THE PROCEDURE/EXAM.

Signature: _____ Date: _____

Witness: _____ Date: _____