

**Consent to Radiation Exposure if
Pregnant or Possibly Pregnant
Diagnostic Imaging**

TO BE COMPLETED PRIOR TO IRRADIATING A PATIENT THAT IS, OR MAY BE, PREGNANT

General Radiology Nuclear Medicine CT Scan Interventional Radiology

I have advised the Medical Radiation Technologist that I am, or may be, pregnant. I have been informed by Dr. _____ of the risks involved in having the following examination involving radiation and am consenting to the procedure.

Examination: _____

Patient: _____

Date of Birth: _____ (dd/mm/yyyy)

Patient ID: _____

Date: _____ (dd/mm/yyyy)

Patient Signature: _____

Witness Signature: _____

Name of Referring Physician or Radiologist: _____

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