

Pregnancy Questionnaire

The following information is required prior to any radiographic examination (X-rays) for the safety of the patient:

Patient Name: _____

Present Age _____

Date of Last Menstrual Cycle: _____

Are you pregnant? Yes No Possibly

Has it been confirmed through a Physician? Yes No

If an x-ray is done in the second half of the menstrual cycle in women who are sexually active, there is a chance of radiation exposure to the fetus. If there is a possibility that you could be pregnant you may wish to reschedule your examination after your menstruation has commenced.

Patient Signature

Date

Staff Signature

Date

Office Use Only

Radiographic Procedure _____

Date of Examination _____