Pregnancy Disclaimer

This certifies that concerns regarding pregnancy and radiation exposure have been explained to my satisfaction. I understand the clinical necessity of having X-rays taken at this time and grant permission for this procedure. In so doing, I release the doctor/clinic from responsibility for potential damage arising from this procedure.

At the present time:

_____ I am sure I am not pregnant

_____ It is possible that I could be pregnant

_____ I am pregnant (Due date_____)

_____ ___/___/___

Signature - Patient *Date*

_____ ___/___/___

Signature - Witness *Date*