

**Allure Wellness and Rehab**  
**820 S. Alma Drive Suite 100**  
**Allen, TX 75013**  
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**PREGNANCY WARNING AND CONSENT TO X-RAY**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if I am pregnant and have X-rays taken which expose my lower torso to radiation, it is possible to injure the fetus.

I have been advised that the 10 days following onset of a menstrual period are generally considered to be safe for X-ray exams.

With those factors in mind, I am advising my doctor that:

	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
I am pregnant	_____	_____	_____
I could be pregnant	_____	_____	_____
I am late with my menstrual period	_____	_____	_____
I am taking oral contraceptives	_____	_____	_____
I have an IUD	_____	_____	_____
I have had a tubal ligation	_____	_____	_____
I have had a hysterectomy	_____	_____	_____
I have irregular menstrual periods	_____	_____	_____

My last menstrual period began on \_\_\_\_\_

With full understanding of the above, and believing that I am not currently at risk, I wish to have an X-ray examination performed now.

**I am a male patient. This does not apply to me, but I do consent to take x-rays.**

*Patient Signature:* \_\_\_\_\_

*Witness:* \_\_\_\_\_