Maximum
Resolution Imaging
THE NEW ERA OF IMAGING
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PREGNANCY RELEASE FORM

To minimize the possibility of irradiating an unrecognized pregnancy, we require the following information of female patients who have begun menstruating.

NAME: _____ DATE OF BIRTH: _____
AGE: _____

1. Have you had a hysterectomy or already gone through menopause? YES NO
If "yes" you do not need to complete questions 2 and 3.

2. Are you now pregnant or do you think you may be pregnant? Please YES NO
notify our staff immediately.

3. Please give the date of the first day of your last menstrual period: _____.

To the best of my knowledge I am not pregnant and by signing this form, I am consenting to have my radiology procedure performed as prescribed by my physician, with the knowledge of the potential harmful effects of an existing pregnancy.
Signature: _____ Date: _____

Witness : _____ Date: _____