Name: Test One

Consent to X-Ray in Pregnancy

I understand that the x-ray imaging involves the use of x-rays that will irradiate my baby. Radiation of the fetus (baby) at this dose level is associated with a minimally increased risk.

I understand that this imaging procedure may have known and unknown risks for me and the baby including but not limited to:

a. Childhood cancer
b. Birth defects
c. Mental retardation and small head size.
d. Pregnancy loss

Alternative, benefits, material risks and disadvantages to me and my baby have been explained to me in terms I understand.

On behalf of myself and my unborn child, I hereby release and agree to hold harmless, my physician, and any other physicians involved in my care, his/her agents and employees, and the hospital's officers, directors, agents and employees from any liability of any kind which may arise in connection with my x-ray imaging procedure during my pregnancy.

Signature of Patient: Date: 8/1/2022

Witness: