

Name:

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:

Witness: