



### GUIDELINES FOR FEMALE PATIENTS (12-55) UNDERGOING RADIOGRAPHIC EXAMINATIONS

It is the ethical and legal responsibility of our department to minimize the possibility of irradiating an unrecognized pregnancy. In accordance with national standards, we require the following information of female patients between and including the ages of twelve (12) and nineteen (19) years. If the information below indicates even the remote possibility of pregnancy, you may be required to undergo a pregnancy test prior to any examination involving radiation to the pelvic area.

1. Are you now pregnant or do you think you might be? YES\_\_\_\_ NO\_\_\_\_  
**(If yes, please notify our staff immediately)**

2. Please give the first day of your last normal menstrual period : \_\_\_\_\_

Does this fall within the last ten (10) days? YES\_\_\_\_ NO\_\_\_\_  
**(If no, please complete the following)**

3. Are you currently practicing any of the following birth control methods?  
**(Please check the appropriate blank)**

Tubal Ligation \_\_\_\_\_

Birth control pills \_\_\_\_\_

Nuvaring \_\_\_\_\_

Condom \_\_\_\_\_

Birth control shot \_\_\_\_\_

None of the above \_\_\_\_\_

Partner Vasectomy \_\_\_\_\_

IUD \_\_\_\_\_

Diaphragm/Foam \_\_\_\_\_

Ablation \_\_\_\_\_

Implant \_\_\_\_\_

4. If you are using one of the methods listed in item 6, have you had a normal  
period within the last 30 days? YES\_\_\_\_ NO\_\_\_\_

5. If "NO" or "NONE OF THE ABOVE" have you had any sexual activity since your  
last menstrual period that may put you at the risk of being pregnant? YES\_\_\_\_ NO\_\_\_\_

To the best of my knowledge I am not pregnant and request the ordered exams/x-rays be performed.

PATIENT: \_\_\_\_\_ SIGNED: \_\_\_\_\_

AGE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(other legally responsible person)

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