## **Pregnancy Consent**

Let it be known that I have given consent to have x-rays taken knowing that there may be the possibility of pregnancy. I have been told all of the risks involved as told to me by the Radiologic Technologist and waive my right of any liability from this office.

The patient will be shielded as best as possible.

Patient Name	LMP
Patient Signature	Date
Technologist Signature	Date