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X-RAY EXPOSURE NOTICE

Patient Name _____

Today's Date _____

I am scheduled to have a diagnostic procedure which will expose me to low dosage X-Ray radiation.

I have been advised that the 10 days following onset of a menstrual period are generally considered to be safe for x-ray examinations.

With the full understanding of the above, I do hereby state that, to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this time and I wish to have an X-ray examination performed.

Patient's Signature