

X-RAY ASSOCIATES

www.xrayassociates.org

PREGNANCY RELEASE FORM

This is to advise that I, _____
date of birth _____ am _____ weeks pregnant
with an expected date of delivery _____.

I wish to have a _____ X-Ray exam.

I am fully aware of the possible risks to my pregnancy and absolve the radiologists
and the staff of X-Ray Associates of all responsibility for any resulting X-Ray related
problems.

Patient Name: _____

Signature: _____

Date: _____

Witness name: _____

Signature: _____

Date: _____