



ORLANDO HEALTH®

Mailing Address: 1414 Kuhl Ave. • Orlando, FL 32806

Screening for Diagnostic Testing With Radiation For Female Patients of Childbearing Age, Typically Ages 12 - 50

LINE UP PATIENT I.D. LABEL HERE

The physician in charge of your care has determined that an exam which will expose you to radiation is medically necessary for your treatment. It is our department's policy to avoid radiation to a developing fetus (developing baby in a mother's womb) whenever possible. While a pregnancy test may confirm that a woman is pregnant there is no test that can prove that you are not pregnant, especially in the early stages of pregnancy. Therefore you (and your baby if you are pregnant) will receive a dose of radiation as a result of the exam.

Screening questions:

1. What was the first day of your last menstrual period? _____

2. I cannot be pregnant due to:

- Abstinent since start of last menstrual cycle
- Menopause (absence of menstrual cycle > 12 months)
- Birth Control Pills
- Depo-Provera Shots
- Tubal Ligation
- Partner's Vasectomy
- Hysterectomy
- Female Partner
- Intrauterine Device (IUD)

Patient/Legal Representative Signature: _____ Date: _____ Time: _____

Staff Signature: _____ Date: _____ Time: _____

This form is to be used only for females able to be pregnant AND receiving radiation to the Abdomen or Pelvis.