X-ray Pregnancy Consent Form

Dear patient, in order for Gibbons Holistic Chiropractic & Wellness Center to fully evaluate and provide Proper treatment x-rays may be needed. The radiation used in x-ray may be harmful to an unborn child/ developing fetus, especially in the first trimester. To help prevent the accidental irradiation of an unrecognized pregnancy and in accordance with national standards, we require the following information of female patients of child bearing age.

Name: ____

Date of your Last Menstrual Cycle: ____________________

Birth Control Measures: _______________________________

Is there a chance you may be Pregnant? ________________

I have been fully informed of the risks involved in radiation of a first trimester pregnancy and assume the responsibility for any consequences from the procedures I am about to have. I understand that I will not hold Gibbons Holistic responsible for any potential harm to myself or my unborn child. By signing below I consent to the necessary x-ray procedures.

Signature: ______________________________ Date: _______