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CT Scans * Full Body Ultrasound * Bone Density (DEXA) Scans * Breast Imaging

Pregnancy Consent Form

Patient Name: _____ **Date of Birth:** _____

X-rays are a type of high energy radiation that, depending on the dose, can reduce cell division, damage genetic material, and produce varying defect in unborn children. Cells that divide quickly are most sensitive to x-ray exposure. Unborn children are particularly sensitive to x-rays because their cells are rapidly dividing and developing into different types of tissue. Exposure of pregnant women to sufficient doses of x-rays could possibly result in miscarriage or damage to unborn children, including malformations or development of cancer later in life. With most x-ray procedures, relatively low levels of radiation are produced. However, as a safety precaution, the use of x-rays in pregnant women should be avoided unless absolutely necessary.

Date of last menstrual cycle/period: _____

Please check appropriate box-related to pregnancy:

___ **NO, I am not pregnant or attempting pregnancy at this time.**

___ **YES, there is a possibility of pregnancy at this time. (If YES is answered, consult with technologist/radiologist prior to commencing with exam.)**

BY SIGNING BELOW YOU ARE PROVIDING TRUTHFUL AND VALID INFORMATION CONCERNING PREGNANCY RISK

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

NOTE: By request, KBC Somerset Imaging offers pregnancy tests with a urine sample and dipstick method

Locations:

100 Sarahs Ln, Somerset, KY 42501
38 Dr. Joe T. Pettet Dr., Russell Springs, KY 42642

www.SomersetFamilyImaging.com
www.KentuckyBreastCare.com