

Washington Imaging Services, LLC

Pregnancy Test Consent Form For Diagnostic Procedures

We apologize for the personal nature of these questions, but it is very important that we know if there is any chance you may be pregnant before we obtain x-rays of CT scans or administer diagnostic iodinated contrast agents.

Please check the boxes below that apply to you. If you have any questions, please ask your primary care physician, nurse or other care provider.

- I consent to having a pregnancy test. (We recommend a test if you have any doubt of your pregnancy status)
- I refuse to have a pregnancy test, but wish to be treated based upon my belief that:
- I am pregnant
- I am not pregnant

If I am pregnant, I acknowledge and understand that x-rays and/or diagnostic Iodinated contrast agents may be harmful to my unborn child. I have had an opportunity to ask questions and they have been answered to my satisfaction.

Patient Name

Patient Signature

Date

SSN

DOB

Results:

Negative

Positive

RT Signature:

Date:

Patient authorizes Washington Imaging Services, LLC (WIS) to obtain professional radiology interpretations from Overlake Imaging Associates, PC or it's designee (OIA), a separate entity. A portion of the WIS billing may represent fees due to OIA for OIA's services.

