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PATIENT STATEMENT OF PREGNANCY AND NURSING CONDITION

Patient Name _____ DOB _____ Date _____

Exam _____

In the interest of safety for unborn children and nursing infants, every female patient of childbearing age (up to age 55) is required to complete applicable portions of the following:

ALL STATEMENTS ARE TO BE CONSIDERED STRICTLY CONFIDENTIAL

_____ *I am physically unable to become pregnant due to surgical and/or medical procedures that have been performed (e.g. tubal ligation or hysterectomy)*

_____ *I am absolutely certain that I am not pregnant. Please indicate last menstrual period _____ or reason for non-pregnancy (e.g. birth control pills)*

_____ *I know or believe that I am pregnant or I am breast-feeding.*

NOTE: *If you are currently **NOT** pregnant but are attempting to become pregnant, Johns Creek Diagnostic Center recommends you speak with your physician **BEFORE** you consent to having your study*

-OR-

If you are pregnant, our office will contact your doctor to discuss the alternative options for this exam. A modification of the CT exam may be approved by your physician and/or our radiologist. Shielding will be provided during the exam.

I have read and understand the above information and give my consent for a CT exam.

Patient Signature _____ Date _____

Technologist Signature _____

Patient took a urine pregnancy test at our facility and the results were negative. Patient and technologist acknowledge that the results appearing on the pregnancy strip are negative. Therefore, we will proceed with the scheduled exam

Patient Signature _____ Date _____

Technologist Signature _____ Date _____