

## NUCLEAR EXAMINATION FOR WOMEN OF CHILDBEARING AGE

Patient Name	:		Date:	
DOB:		Age:	MR#:	
between day	1 and 10 of your me	enstrual cycle. Since	men and pelvis examinations sh there exists potential risk of rac ed with the examination.	
	ore than ten (10) dould be pregnant if:	ays since the first da	y of the last menstrual cycle ar	nd you are sexually
- You are not	using any form of bi	rth control		
- You have no	t had a tubal ligatio	n		
- Your partne	r has not had a vase	ctomy		
These precau	tions are taken for t	he safety of our pati	ents and any unsuspected pregn	ancy.
If exa	BE OR DON'T KNOW		ur physician, we ask that you ha	ave a
ARE YOU BRE YES NO	AST FEEDING?			
I have read examination.		stand its implicatio	ns, and give my consent to	proceed with the
Patient Signat	ture:		Date:	:
Parent/Legal	Guardian:			
Witness:			Date	:

FORM: NM 1 REV: 05-13-14