

Medical Imaging Department

Your health care provider, _____, has requested a x-ray examination called a mammogram which will involve radiographic examination of your breasts. A number of images will be taken requiring radiographic exposure. To ensure the safety of our patients and to prevent radiation exposure to a pregnant patient, it is required that we obtain the following information:

Date of your last menstrual period (start of the 1st day): _____

Is there a possibility that you are pregnant? Yes No

If yes, it is recommended that the examination be rescheduled to within 10 days after your next menstrual period, or there should be further investigation into the possibility of being pregnant.

Why are you sure you are not pregnant?

1. On birth control pills _____
2. Hysterectomy _____
3. Tubal ligation _____
4. Other, please explain: _____

The examination has been explained to me including the benefits and the risks to me including if I am pregnant or suspected to be pregnant. All questions have been answered to my satisfaction, I understand the above and consent to and agree with having this examination.

Patient Signature

Date/Time

**MAMMOGRAPHY
CONSENT FORM**



Tuba City

Regional Health Care Corporation

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PATIENT INFORMATION