

Karle Medical Group, P.C.

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Radiology Pregnancy Waiver

I understand that it is advisable to forgo x-rays if it is possible that I am pregnant. I have been advised that it may not be advisable to be exposed to x-rays if I believe that there is a possibility that I am pregnant. With that understanding, I am acknowledging that to the best of my knowledge I am not pregnant and I wish to undergo the prescribed radiologic procedure at Karle Medical Group.

Printed Patient Name: _____ Date: _____

Patient Date of Birth: _____

Patient Signature: _____