

A Perfect Curve Chiropractic

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PATIENT NAME: _____

Today's date is: _____

I understand that if I am pregnant and have X-rays taken which expose my lower torso to radiation, it is possible to injure the fetus.

I have been advised that the 10 days following onset of a menstrual period are generally considered to be safe for X-ray exams.

With those factors in mind, I am advising my doctor that:

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
I am pregnant	_____	_____	_____
I could be pregnant	_____	_____	_____
I am late with my menstrual period	_____	_____	_____
I am taking oral contraceptives	_____	_____	_____
I have an IUD	_____	_____	_____
I have had a tubal ligation	_____	_____	_____
I have had a hysterectomy	_____	_____	_____
I have irregular menstrual periods	_____	_____	_____

My last menstrual period began on: _____

An X-ray may be performed on me with my consent.

Witness: _____

Signature

Signature _____