



Teton Nuclear Medicine Service

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TO ALL FEMALE PATIENTS OF CHILDBEARING AGE:

The low-risk involved in the use of radioactive isotopes can be further reduced if your Radiologist (Technologist) knows whether or not there is a possibility of pregnancy. If there is any chance of pregnancy, please notify the technologist before starting the exam.

ARE YOU PREGNANT? YES _____ NO _____ UNSURE _____

1. Date of last menstrual period? _____

2. Other information relating to birth control measures used or previous surgery _____

3. Additional information you believe would be helpful _____

I UNDERSTAND AND ACCEPT THE RESPONSIBILITY FOR THE
NUCLEAR MEDICINE SCAN.

Signature _____

Witness _____

Date _____

Time _____