

In order for us to fully evaluate you, we are required to take X-rays of some part of your body. It has been found that an unborn child in its first trimester would be more sensitive to radiation than an adult. In order to insure safety, no Fetus (unborn child) be exposed to radiation from X-ray machines. We ask you to provide us with the following information. This information is strictly confidential and solely used for the purpose it is intended. Thank you for your cooperation.

Date _____

Name: _____

Address: _____

Phone#: _____

Date of Birth: _____

Date of the onset of Last Menstrual Period: _____

Is there a chance you may be Pregnant? _____

To the best of my knowledge, I am not pregnant and by providing this application form, Physician/Technologist has informed me of the effects of radiation to the unborn baby and me, by signing below have consented to taking the X-ray of my body part, pertinent for evaluation and further studies.

Signature: _____

OUR OFFICE LOCATIONS

7th Ave Physical Medicine
& Rehabilitation
512 7th Avenue, 14th Floor
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212.768.7979

Downtown Physical Medicine
& Rehabilitation
30 Broad Street, 20th Floor
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212.792.9292

Westside Physical Medicine
& Rehabilitation
244 West 54th Street, 3rd Floor
New York, NY 10019
212.262.7246