

X-RAY PRECAUTIONS

This form has to be completed by all female patients of reproductive age. This is a Statutory requirement before certain procedures are carried out. We are required to restrict x-ray examinations to within 10 days of the start of your last period.

Please answer the following questions:

Surname.....First Name.....

Hospital Number MK...../.....Date of birth.....

Have you been sterilised? Yes / No

Have you had a hysterectomy? Yes / No

If neither of the above apply please continue below

When was the date of your last period?.....

Are your periods regular?.....

When do you expect your next period to start?.....

Any other comments?.....

Signature.....Date.....

If you are already pregnant please let us know.

**Thank you for your co-operation
All information is treated as confidential**