



DIPARTIMENTO DI DIAGNOSTICA PER IMMAGINI

SERVIZIO DI RADIOLOGIA DI.....

I undersigned Ms/Mrs, born on/...../.....
dd / mm / yyyy

CONVENIENTLY INFORMED BY THE RADIOLOGY MEDICAL PERSONNEL ABOUT THE RISKS OF THE RADIOLOGICAL TESTS IN CASE OF PREGNANCY

DECLARE THAT:

I AM NOT PREGNANT

I AM PREGNANT

I DONT' KNOW SO THAT:

I REJECT THE RADIOLOGICAL TEST

I ACCEPT THE RADIOLOGICAL TEST (KNOWING THE RISKS)

Patient's signature

.....

DATE...../...../.....
dd / mm / yyyy