

**STRICTLY CONFIDENTIAL – L.M.P. FORM****10 DAY RULE**

To all female patients between the ages of 12 and 55 who require non-urgent radiography of the abdomen, pelvis and lower spine.

FULL NAME ..... D.O.B .....

What was the date of the First Day of your last Menstrual Period? ...../...../.....

Is there any possibility that you have incurred a risk of pregnancy since that date? Yes / No

According to the Radiological Code of Safety, your scan must fall within the FIRST 10 DAYS of your period, counting from the above date.

I understand that radiation from radioactive substances may harm an unborn child. I confirm that at the time of the scan, I am not pregnant, or breast feeding.

SIGNATURE ..... DATE ...../...../.....

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