

(Office use)

## X-RAY: QUESTIONNAIRE/AUTHORIZATION

Date: \_\_\_\_\_

PRESENTING SYMPTOMS (Reason for today's examination): \_\_\_\_\_

Is there any possibility that you are pregnant?    Yes  No

ALLERGIES:     Latex                       Other \_\_\_\_\_

You are here for an radiographic (x-ray) examination. Radiography uses x-rays to create images of the internal organs/tissues of your body.

Although radiography does use radiation, the doses are very small and x-rays are considered safe. However, if you are or think you may be pregnant, please inform our technologists.

If you require any explanation about your examination or your visit to our practice, please ask any of our staff members or technologists. Your comfort is important to us and we want to address any questions and/or concerns you may have.

I authorize Weill Cornell Imaging at NewYork-Presbyterian, its physicians and other staff to perform the prescribed examination.

Questionnaire Completed By:

\_\_\_\_\_  
Print Name    Signature    Date /\_\_\_\_\_/20\_\_\_\_

**(FOR OFFICE USE ONLY)**

Questionnaire Reviewed By:

\_\_\_\_\_  
Print Name    Signature    MD/RN/PA/TECH ID Code