

North Fork Radiology, P.C.

1333 Roanoke Avenue • Riverhead, NY 11901 • 631-727-2755

Informed Consent

_____ Patient states that they are not pregnant

_____ Patient states that they are pregnant

_____ Patient states that they may or may not be pregnant, uncertain

In the event that the patient is pregnant and advises North Fork Radiology to proceed with the _____ by doing so they are releasing North Fork Radiology from any outcomes or liabilities associated with the patient's pregnancy.

Signed _____ Date _____

Witnessed _____ Date _____