

Price, Hoffman, Stone & Associates, M.D.'s, P.A.
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Possible Pregnancy Release Form

If it is more than 10 days past the start date of your cycle or there is **ANY** chance you may be pregnant, please complete the following form:

I _____, realize the possibility that I could be pregnant and if I receive any radiation there are some risks. The risks have been explained to me and I understand the risks. I _____, do hereby authorize the radiology office of Dr.'s Price, Hoffman, and Stone to perform the x-ray procedure(s) that my physician has ordered, and do hereby relieve them of any responsibility. I understand that the technologist will shield me whenever it is possible depending upon the exam(s) that has been ordered.

Patient Signature

Technologist

Date