141 MIRONA ROAD
PORTSMOUTH, NH 03801
PHN. 603.433.2333

QUINTESSENTIAL CHIROPRACTIC PLLC

A FAMILY HEALTH OASIS

DR. NICK QUINN, D.C.
DR. TANYA QUINN, D.C.
FAX. 603.319.4217

Pregnancy Questionnaire / Disclaimer

The following information is required prior to any radiographic examination for the safety of the patient:

Patient Name: _____

Present Age: _____

Radiographic Procedure: X-Ray

Date of Exam: ___ / ___ / _____

Last Menstrual Cycle: ___ / ___ / _____

Pregnancy: YES_____ NO_____

Confirmed through Physicians Office: YES_____ NO_____

If any X-ray is done in the second half of the menstrual cycle in women who are sexually active, there is a chance of radiation exposure to the fetus. If there is a possibility that you may be pregnant, you may wish to reschedule your examination after your menstruation has commenced.

PATIENT SIGNATURE _____

DATE ___ / ___ / _____