

Hackensack Radiology Group / New Century Imaging

X-RAY SCREENING

Is there any possibility you might be pregnant? Yes No

Have you ever fractured the site we are performing the x-ray on today? Yes No

Have you had surgery on the site we are performing the x-ray on today? Yes No

If yes, please explain: _____

Have you had the same exam in the last five (5) years? Yes No

If yes, when and where? _____

Patient / Guardian Signature

Date