

CHI CLINICAL REJUSTIFICATION FORM

Patient name:

Patient DOB:

MRN:

Date:

Procedure:

The **first** day of the patients last menstrual period was: _____

Does this examination follow the 10 day rule or 28 day?

10

28

1. To be completed by the Referrer/Practitioner if the patient is pregnant or pregnancy cannot be ruled out

This procedure has been deemed clinically urgent and justified. I understand it is the hospitals policy to avoid radiological examinations involving anatomy between the diaphragm and the symphysis pubis in women who are or might be pregnant. However I wish to proceed with the examination.

Print name:

Professional Number:

Signature:

2. To be completed by the Parent/Guardian/Patient over 16 if the patient is pregnant or pregnancy cannot be ruled out

The benefits and risks associated with this procedure have been explained to me and I consent to proceed.

Print name:

Signature: