



VERIFICATION OF NON-PREGNANCY

I understand that x-rays may be needed at some point and that by signature on this form, I do hereby state that to the best of my knowledge, I am not pregnant. It is neither suspected nor confirmed at this particular time. If determined at a later date that I am pregnant I do not hold the doctor, this establishment or anyone associated with this establishment accountable in anyway.

Patient Signature

Date

Witness

Date