

Pregnancy Verification

Please mark the appropriate answer below:

_____ To the best of my knowledge, **I AM PREGNANT** and I do not give my permission to have an X-Ray done.

_____ To the best of my knowledge, **I AM NOT PREGNANT** and do give my permission to have an X-Ray done.

_____ I am **NOT SURE** if I am pregnant.

Patient Signature: _____

Date: _____

