



Verification of Non-Pregnancy

Date: _____

Name: _____

Address: _____

Telephone: _____ Cell: _____

Social Security #: _____

By my signature on this form, I, _____ do hereby state that, to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this particular time.

_____ I am a male and this does not apply to me.

Patient Signature: _____

Witness: _____