

VERIFICATION OF NON-PREGNANCY

NAME: _____

ADDRESS: _____

PHONE: () _____ - _____

SOCIAL SECURITY #: _____ - _____ - _____

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

Patient Signature: _____ Date: _____

Witness: _____ Date: _____