

PREGNANCY WAIVER

I acknowledge that surgery/anesthesia may cause congenital abnormalities in fetal development and / or other complications of pregnancy such as, miscarriage, and I understand the implications of having surgery while pregnant.

I also know and understand the pregnancy test may show a false result and are not 100% accurate. I am taking full responsibility that I am not pregnant at this time.

Patient' signature: _____

Date: _____

Witness Signature: _____

Date: _____

Patient Initials: _____