

## **PREGNANCY WAIVER FORM**

As a routine part of the preoperative physical exam and testing, all women of childbearing age is asked about their pregnancy status and last menstrual period. Women who deny pregnancy will be asked to sign a pregnancy waiver (see below). If unsure, a urine pregnancy test will be offered to you. This test is painless and only takes a few minutes. As there are risks to anesthesia the benefits of this simple test to potential mother and baby outweigh the minimal risk. All patients, however, for reasons of privacy or otherwise, may refuse to have a urine pregnancy test performed. We ask only that you fully understand the potential risks of anesthetic agents on the developing baby, as well as the material implications of anesthesia. Our goal is to provide the safest, highest quality of care.

I \_\_\_\_\_, certify that the risks of the surgery, radiation, and anesthesia while pregnant have been explained to me, and I am not pregnant. If the chance of pregnancy is in question, I have been offered the opportunity to take a pregnancy test and I decline. I hereby release Mind & Body Wellness Center of any liability if I am indeed pregnant at the time of treatment.

Patient Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_

