



MARYLAND PAIN & WELLNESS CENTER, P.A.
PREGNANCY TEST WAIVER

I _____ understand that MARYLAND PAIN & WELLNESS CENTER, P.A. (“MPWC”) has requested a pregnancy test prior to my procedure. However, I am opposed to having this test done. I understand that the use of ionizing radiation to perform my procedure is one of the best and safest means available. Should I be pregnant, I understand that there is a risk to my unborn child in terms of spontaneous abortion and/or birth defects, particularly in the first trimester of pregnancy.

By signing this waiver, I release MPWC and any health care providers from liability based on this decision.

Patient’s Signature _____

Date _____

Witness’s Signature _____

Date _____