



Athens Spine Procedural Center, LLC
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Pregnancy Test Waiver

Patient Name: _____

Date of Birth: _____

I certify that I am not pregnant at this time. I understand that exposure to the abdomen and pelvis of women who are pregnant should be avoided if possible and may be harmful to an unborn child.

I have been offered a pregnancy test and declined. I wish to waive a pregnancy test and assume this risk, releasing Athens Spine Procedural Center, LLC and its healthcare providers from all responsibility and liability for any complications that may occur.

PLEASE SIGN BELOW:

Date/Time



Signature of Patient / Responsible Party

Date/Time



Witness