



Pregnancy Waiver

I, the undersigned, fully understand the x-ray procedure. I understand that if I am pregnant at this time, the radiation may be harmful to the fetus.

My last menstrual period began on

Date signed:

Patient Name:

Patient Signature.....

Witness:

Daniel Maklansky, M.D.
Alain D. Hyman, M.D.

Jerold Kurzban, M.D.
Barry D. Berson, M.D.

Burton A. Ccohen, M.D.
Joseph J. Maklansky, M.D.

Jerald Zimmer, M.D.
Jolinda Mester, M.D.