



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. Cohen, M.D.
Joseph J. Maklansky, M.D.

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