



1660 S. Horner Blvd.
Sanford, NC 27330

VERIFICATION OF NON-PREGNANCY

By my signature on this form, I _____
PRINT NAME

do hereby state that, to the best of my knowledge, I am not pregnant, nor is a pregnancy suspected or confirmed at this particular time.

PATIENT SIGNATURE: _____ **Date:** _____

CHIROPRACTIC ASSISTANT WITNESS SIGNATURE:

X _____ **Date:** _____