

**Purdy Chiropractic Clinic**

Verification of Non-Pregnancy

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

By my signature on this form,

I, \_\_\_\_\_

Do hereby state that, to the best of my knowledge, I am not pregnant, neither suspect nor confirmed at this particular time.

Patients Signature: \_\_\_\_\_

Dr's Signature: \_\_\_\_\_

Witness: \_\_\_\_\_