

<b>Declaration of Non-Pregnancy</b>
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**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby state that, to the best of my knowledge and belief, patient is not pregnant, nor is pregnancy suspected at this time.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Witnessed By:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_