

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: _____