

A Better Life Chiropractic

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PREGNANCY RELEASE

- I.** This is to certify that to the best of my knowledge **I am not pregnant** and Dr. John Smith has my permission to take X-rays. I believe that I am not pregnant because **(state reason)**.

_____ I will assume all responsibility for any effect on a fetus that is potentially present.

Patient's signature

Today's date ____/____/____

- II.** I am _____ months pregnant. Please do not take any x-rays.

Patient's signature

Today's date ____/____/____