



Skyline Wellness Center
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Pregnancy Release

This certifies that any concerns regarding pregnancy and radiation exposure have been explained to my satisfaction. I understand the necessity of having x-rays taken at this time and grant permission for the procedure. I release the doctor/clinic from any responsibility for potential damage arising from this procedure.

I, _____, certify that, to the best of my knowledge, I am NOT currently pregnant.

Date of last Menstrual Cycle: _____

Patient Signature

Date

Witness Signature

Date