



Pregnancy Waiver Form

Please read the below carefully before signing:

I acknowledge that surgery/anesthesia may cause congenital abnormalities in fetal development and / or other complications of pregnancy such as, miscarriage, and I understand the implications of having surgery while pregnant.

I also know and understand the pregnancy test may show a false result and are not 100% accurate. I am taking full responsibility that I am not pregnant at this time.

Acknowledged by:

Signature: _____

Printed Name: _____