



SPINE ASSOCIATES

ASIF M. CHAUDHRY, M.D.
Interventional Pain Management

Pregnancy Release

Name: _____

Date: _____

I do hereby state and assure that there is absolutely no possibility that I am or might be pregnant at this time. I understand that this facility will take every precaution to safeguard my well being and that no pregnancy exists. My signature below, therefore, releases the above doctor and employees of this facility, and/or heirs from any further responsibility or liability regarding this manner.

Patient Signature

Guardian Signature for Minor

Witness