



NON-PREGNANCY STATEMENT

I _____ do hereby affirm that to the best of my knowledge, I am not pregnant and that Advanced Diagnostic Group, or its licensed associates, have my permission to perform an M.R.I. or X-ray of my body for the purpose of diagnosing my conditions.

The date of my last menstrual cycle was _____

Are you currently Breast Feeding? Yes _____ No _____

Patient Signature: _____
(Parent must sign if patient is a minor)

Date: _____

Witness: _____

Revised Dec 2014