

# VERIFICATION OF NON-PREGANACY

West Edmonton Family Chiropractic Centre

Wendy Coburn, D.C.

#203, 9670-142 St. Edmonton, Ab

Tel: 780-484-2272

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child. Date of last menstrual cycle: \_\_\_\_\_

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature (Parent or Guardian if applicable)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date