

Urine Pregnancy Test Waiver

As a routine part of the pre-operative physical exam and testing, all women of childbearing age are asked to give a small urine sample for pregnancy analysis. All patients, however, for reasons of privacy or otherwise, may refuse to have this urine pregnancy test performed. We ask only that you understand there are potential fetal and maternal risks. We also ask that you be truthful in answering questions that the medical team will ask of you regarding time of last period, sexual activity, etc. Also, your physician or the anesthesia staff may cancel your procedure if you refuse a pregnancy test. Our goal is to provide the safest, highest quality medical care. If you have any further questions regarding risks, please ask a member of our medical team.

I, (Patient) _____ have read the above statement regarding surgery and anesthesia during pregnancy. **I do not believe myself to be pregnant; and furthermore, do not wish to have a pregnancy test performed.** I understand that Central Arkansas Surgery Center/Arkansas Spine and Pain, including the anesthesia team, will have no responsibility if I am pregnant at the time of the surgery and **I hereby release Central Arkansas Surgery Center/Arkansas Spine and Pain, including the anesthesia team of any liability if I am pregnant at the time of the procedure.**

Patient Signature

Date

Witness Signature

Date