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# PATIENT PREGNANCY DISCLAIMER

Please mark the statement that best describes you at this time.

\_\_\_\_\_ This is to certify to the best of my knowledge I am not pregnant and that Dr. Gentner has my permission to take X-rays if needed. I am presently using Birth Control or an IUD as a method of birth control or, I am within the first 10 days of the onset of my menstrual cycle.

Date of last menstrual cycle. \_\_\_\_\_.

\_\_\_\_\_ I am not using Birth Control or an IUD as contraceptive at this time. If a radiograph examination is taking place at the time when ovulation is more likely to occur, I give Dr. Gentner permission to take X-rays and will assume all responsibility for any effect on the fetus potentially present

Date of last menstrual cycle. \_\_\_\_\_.

\_\_\_\_\_ I am unable to conceive at this time, due to Hysterectomy, Tubuligation, Menopause or other.

\_\_\_\_\_ I am pregnant/ or maybe pregnant and cannot have X-rays at this time.

Due date. \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date