

Allied Chiropractic
Dr. Edward Wilkinson, D.C.
3347 Duke Street
Alexandria, VA 22314

VERIFICATION OF NON-PREGNANCY

DATE _____

NAME _____

ADDRESS _____

TELEPHONE _____ SOCIAL SECURITY # _____

By my signature on this form, I, _____

do hereby state that to the best of my knowledge, I am not pregnant nor is pregnancy suspected or confirmed at this particular time.

PATIENT SIGNATURE _____

WITNESS _____