



NON-PREGNANCY STATEMENT

I \_\_\_\_\_do hereby affirm that to the best of my knowledge, I am not pregnant and that Elite Radiology of Georgia, LLC 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: \_\_\_\_\_

March 2016