

PRE-OPERATIVE PREGNANCY TESTING WAIVER

As a routine part of the pre-operative physical exam and testing, all women of childbearing age are asked about their pregnancy status and last menstrual period. Women who deny pregnancy and wish to not have a pregnancy test performed will be asked to sign a pregnancy waiver (see below). If unsure, a urine pregnancy test will be offered to you. This test is painless and only takes a few minutes. As there are risks to anesthesia and surgery, the benefits of this simple test to potential mother and baby are enormous. Your physician will discuss these issues with and answer any questions you may have. All patients, however, for reason of privacy or otherwise, may refuse to have this urine pregnancy test performed. We ask only that you fully understand the potential risks of surgical intervention and anesthetic agents on the developing baby, as well as the material implications of surgery and anesthesia. We also ask that you be truthful in answering questions that your doctor and nurse will ask of you regarding time of last period, sexual activity, etc. Our goal is to provide the safest, highest quality of medical care. If you have any questions, please consult your physician.

PREGNANCY WAIVER FORM

I, _____ [print patient's name], certify that the risks of the surgery and anesthesia while pregnant have been explained to me, and I am not pregnant. If the chance of pregnancy is in question, I have been offered the opportunity to take a pregnancy test and I decline. I hereby release [ANESTHESIA GROUP/FACILITY] of any liability if I am indeed pregnant at the time of surgery and provision of anesthesia.

Patient Signature

Date and Time

Substitute's Signature

Relationship to Patient

Witness Signature

Date and Time