



CONSENT OF NON-PREGNANCY

Date: _____ Last Menstrual Cycle: _____

This is to confirm that I am not pregnant.

<FIRST NAME> <LAST NAME>'s Signature

Witness

*This is to confirm that I am not pregnant.

*Sign if only applicable to you.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Mauricio Chiropractic Downtown
205 East Colonial Drive
Orlando, FL 32801 | <input type="checkbox"/> Mauricio Chiropractic Dr, Phillips
7601 Conroy-Windemere Road
#204
Orlando, FL 32835 | <input type="checkbox"/> Mauricio Chiropractic Conway
4747 S. Conway Road Ste A
Orlando, FL 32812 | <input type="checkbox"/> Mauricio Chiropractic Winter Park
1810 Semoran Blvd Ste 104
Winter Park, FL 32792 |
| <input type="checkbox"/> Mauricio Chiropractic Pine Hills
1050 Pine Hills Road
Orlando, FL 32808 | <input type="checkbox"/> Mauricio Chiropractic E. Colonial
12278 E. Colonial Dr. Ste 700
Orlando, FL 32826 | <input type="checkbox"/> Mauricio Chiropractic South OBT
12720 S. Orange Blossom Trail #20
Orlando, FL 32837 | <input type="checkbox"/> Mauricio Chiropractic Poinciana
860 Towne Center Drive
Kissimmee, FL 34759 |