

George J. Costanzo, D.C.
340 North Main Street
Southington, CT 06489

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, neither suspected nor confirmed at this particular time.

PATIENT SIGNATURE: _____

WITNESS: _____

WITNESS: _____