



PAIN SPECIALISTS OF AUSTIN

www.painspecialistsofaustin.com

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Pregnancy Release Form

Please inform your provider if there is a possibility that you could be pregnant. Please be advised that some of the medication, diagnostic testing, and/or procedures that may be ordered for you could potentially cause problems with your pregnancy and/or fetus.

Please check and initial your pregnancy status:

- I am not pregnant. _____
- I am _____ weeks pregnant. _____
- I am unsure of my pregnancy status. _____

If you suspect you may be pregnant, please notify your provider so that proper and safe medical management is provided. By signing this form you are stating that the above statements are true and hereby release Pain Specialists of Austin from any complications that may occur from your treatment. You are also giving us permission to move forward with any medication management, testing and/or procedures that need to be ordered, so that our staff may provide you the best possible care.

Patient Signature

Date Signed

At Pain Specialists of Austin we reserve the right to perform random drug screens on any of our patients being treated by any of our providers. You do have the right to refuse the drug screen but Pain Specialists of Austin may not be able to prescribe or refill your medications without it.

Patient Signature

Date Signed

I, _____ give permission for Pain Specialists of Austin to leave appointment information, test results, and/or pre-op instructions, with the following people or on the following answering machines. _____

Patient Signature

Date Signed

Witness