

Bethesda Endoscopy Center, LLC.

Patient Waiver of Pre-Operative Pregnancy Testing

Have you had hysterectomy (please check)

YES If yes, please sign here:

Signature _____ Date: _____

NO **If no, please complete entire consent and sign below.**

I, _____ (patient name) have no reason to believe that I am pregnant. However, my physician and anesthesia provider highly recommend preoperative pregnancy testing in all premenopausal and perimenopausal woman who have a history of missed or irregular periods.

_____ (Initial) I understand that the anesthesia drugs that I will receive during my surgical or diagnostic procedure may cause complications with pregnancy, including, but not limited to, birth defects in my unborn child if I am pregnant.

_____ (Initial) I understand that even if a preoperative pregnancy test is done, a negative result does not absolutely guarantee that I am not pregnant.

_____ (Initial) I understand that I have been given the opportunity to delay the proposed surgical or diagnostic procedure in order that I may obtain diagnostic pregnancy testing but have elected to proceed with the proposed procedure without undergoing such pregnancy testing.

_____ (Initial) I understand that by signing this waiver form, I am releasing the ASC, the physician(s), anesthesia provider(s), and their employees, agents and assigns, from any and all liability, resulting from my failure to obtain a preoperative pregnancy test and any resulting harm to myself and an unborn child because of a pregnancy, including, but not limited to, wrongful births, birth defects, and/or emotional stress.

_____ (Initial) I confirm that I have had the opportunity to have all my questions asked and answered concerning the proposed procedure and proposed anesthetic and its potential effects on pregnancy.

_____ (Initial) I confirm that I have elected to proceed with the proposed procedure.

Patient or Legal Representative _____ **Date:** _____

Anesthesia Provider _____ Date: _____