

PA Allergy Relief
2525 West Main Street
Jeffersonville, PA 19403
610-630-9800
Dr. James W. Stein

Verification of Non-Pregnancy

Date: _____

Name: _____

Address: _____

Last Menstrual Cycle: _____

By my signature on this form, I _____
do hereby state that, to the best of my knowledge, I am not pregnant,
nor is pregnancy suspected at this particular time.

Patient Signature: _____

Witness: _____