Barnet Medical Plaza
680 Broadway, Suite 111 Paterson N.J. 07514
P: 973.977.6662 F: 973.341.1128
Towne Centre
3 Walter E. Foran Blvd., Suite 312 Flemington N.J. 08822
P: 908.284.2300 F: 908.442.7432

PREGNANCY CONSENT FORM

Date: ______________________

This examination requested by my physician is potentially harmful to my pregnancy, and may cause amiscarriage or congenital deformity. I understand this potential risk to the pregnancy and agree to havethe examination performed as requested.

Signature of Patient: ____ Date: _____________________

Signature of Witness: ____ Date: ____________________