



Voluntary Patient Disclaimer
Regarding Pregnancy & DXA Scanning
(For Women Only)

I, _____, hereby state that I have been instructed by the staff of Inside Outside Wellness Center & Medical Spa that DXA Body Composition and Bone Densitometry testing is an elective procedure and that I must **NOT** have a DXA Scan performed if I am pregnant, or have any suspicion that I may be pregnant. I have instructed the staff of Inside Outside Wellness Center & Medical Spa that I am not pregnant, do not have any suspicion I may be pregnant, and I have elected to have this procedure performed today. Should it be determined at a later date that I am pregnant at the time the scan was performed, I agree to hold Inside Outside Wellness Center & Medical Spa, and any partners/affiliates of Inside Outside Wellness Center & Medical Spa, harmless from any liability and any potential future damages.

Signature:

Date: _____