



Pregnancy Waiver

I acknowledge that the medications given during this infusion have not been long term studies on the effects of repeated Ketamine treatment on fetal development and/or other complications of pregnancy such as miscarriage. I consent to abstain from becoming pregnant while undergoing Ketamine therapy. I understand the implications of having this infusion while pregnant.

I also acknowledge and understand that pregnancy tests may show a false result and are not 100% accurate. I am taking full responsibility that I am **NOT** pregnant at this time.

Printed Patient Name

Patient Signature -or-
Parent/Legal Guardian

Date