

**Betty Bellman M.D., P.A.**

4302 Alton Road Suite 700  
Miami Beach, FL 33140

Phone: 305-534-8480  
Fax: 305-534-5477

I hereby certify that I (the patient) \_\_\_\_\_ am  
not pregnant or anticipate becoming pregnant at this time.

I also acknowledge that if I should become pregnant while under the care of  
Dr. Betty Bellman, that it is my responsibility to discontinue all prescribed  
medication, both oral and topical, and to notify my doctor immediately.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_