Mount Joy Chiropractic

Optimal Spine = Optimal Health

X-Ray Consent Form

Patient Consent to X-Ray

I, _____, hereby authorize the performance of diagnostic x-rays. Dr. Henriques has requested the x-rays for further diagnostic purposes. At this time, I know of no other condition which the taking of x-rays would further complicate.

Signed: _____ Date: _____

Consent to X-Ray A Minor

I am a parent or legal guardian of _____, who is a minor, _____ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. Dr. Henriques has requested the x-rays for further diagnostic purposes. At this time, I know of no other condition which the taking of x-rays would further complicate.

Parent/Guardian Signature: _____ Date: _____

Females: Regarding Possibility of Pregnancy

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor and certified staff of Mount Joy Chiropractic have permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: _____ Date: _____

Date of Last Menstrual Period (if applicable): _____

Females: Consent to X-Ray During Pregnancy

This is to certify that I am or may be pregnant and that the doctor or certified staff of Mount Joy Chiropractic has my permission to perform diagnostic x-rays involving any cervical spine (neck) or extremities (arms or legs), on the condition that lead shielding be utilized over the trunk of my body. I have been advised that certain x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: _____ Date: _____

Date of Last Menstrual Period (if applicable): _____

Patient Refusal to X-Ray

I, _____, DO NOT give consent to receive diagnostic x-rays at this time.

Signed: _____ Date: _____