

## X-Ray Consent Form

The purpose of the x-ray about to be taken is to analyze the spine for vertebral subluxations and to determine the appropriateness of chiropractic spinal adjustments. If the doctor discovers a non-chiropractic “unusual finding” when reviewing this x-ray; I will be informed. I then must determine if I should seek advice, diagnosis, or treatment for the unusual finding. I understand that seeking advice from another type of health care provider should not interfere with the subluxation correction care provided by this office.

I fully understand the above consent to chiropractic spinal x-rays.

Patient's

Name: \_\_\_\_\_

Patient/guardian's

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

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