



*Alternative Chiropractic & Acupuncture*

## X-RAY CONSENT FORM

I, \_\_\_\_\_,

certify that I am not presently pregnant, and assume full responsibility for any complications that may arise from receiving x-ray studies. I fully understand the complications and risks involved by receiving x-rays to me and to an unborn child. I hereby release this facility and any owner or representative from any responsibility.

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

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