

**ELITE CHIROPRACTIC HEALTH & REHABILITATION**

237 Millsap Rd. Suite 8, Fayetteville, AR 72703

**CONSENT TO X-RAY**

I hereby authorize Elite Chiropractic Health & Rehabilitation to take x-rays of myself (or of said minor).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness:

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian (If a minor)

**CONSENT TO X-RAY**

**Pregnancy Release \***

I hereby acknowledge that Dr. Cory M. Oldham and/or Dr. Shayla M. Swanson of Elite Chiropractic Health & Rehabilitation has informed me prior to being x-rayed of the advisability of risk and the probable consequences of receiving x-rays during pregnancy. I have stated on my own violation that I was not pregnant at the time and do hereby release and hold harmless from any legal action or responsibility caused by the use of this procedure.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient/Authorized Representative of Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\* Must be completed for all females of childbearing age and signed in the patient's, parents, or guardian's own handwriting.