



Amory Chiropractic

Patient X-Ray Consent Form

Patient Consent to X-Ray

By signing below, I authorize the performance of diagnostic spinal x-ray examination of myself which Dr. Thomas D. Fugett III may consider necessary or advisable in the course of my examination and treatment.

Dr. Thomas D. Fugett III has explained that he will use any x-rays taken to analyze the spine for subluxation(s) of the vertebra and to determine if any chiropractic adjustment(s) is the appropriate course of treatment. If the doctor uncovers a non-chiropractic or abnormal finding during the review of the x-rays, I will be informed and will then be responsible for seeking the appropriate care for advice, diagnoses, and/or treatment of this finding.

Signature _____ Date _____

For Minor Patients

I am the parent or legal guardian of _____ who is a minor and is _____ years of age. By signing below, I authorize the performance of diagnostic spinal x-ray of this minor which Dr. Thomas D. Fugett III may consider necessary or advisable.

Signature _____ Date _____

For Women: Regarding the Possibility of Pregnancy

By signing below, I certify that, to the best of my knowledge, I am not pregnant, and Dr. Thomas D. Fugett III has my permission to perform diagnostic spinal x-ray examination. I have been advised that certain x-ray examination, specifically those involving the pelvis, can be hazardous to an unborn child.

Signature _____ Date _____