

Patient Consent to X-Ray

I authorize the performance of diagnostic x-ray examination which may be considered necessary or advisable in the course of my evaluation and treatment in this office.

Signed: _____

Date: _____

Patient Name: _____

Females: Regarding Possibility of Pregnancy

This is to certify that, to the best of my knowledge, I am not pregnant. I have been advised that certain x-ray examinations, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: _____

Date: _____