

Yandell and Nightengale Chiropractic Wellness Center

911 S. Bryant Ave, Edmond, OK 73034

COSNENT TO X-RAY

I hereby authorize Yandell and Nightengale Chiropractic Wellness Center and whomever the clinician may designate as his assistant(s) to take x-rays of myself (or said minor).

Dated this _____ day of _____, 20_____

Witness:

Printed Name

Patient Printed Name

Signature

Signature of Patient

Signature of Parent or Guardian (If a minor)

CONSENT TO X-RAY

Pregnancy Release*

Date of onset of patient's last menstrual period (LMP): _____.

I hereby release Yandell and Nightengale Chiropractic Wellness Center from any and all liability. I hereby affirm that I am not pregnant, nor am I attempting to get pregnant as of this date. I have been informed adequately of the potential effects of radiation on a developing fetus. If a pregnancy test has been performed, I am also aware that this test is not 100% accurate, and may yield false results.

Dated this _____ day of _____, 20_____

Witness:

Printed Name

Patient Printed Name

Signature

Signature of Patient

Signature of Parent or Guardian (If a minor)

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