

X-RAY AUTHORIZATION:

As your healthcare provider, we are legally responsible for your chiropractic records. We must maintain a permanent record of your x-ray files. At your request, we will provide you with a copy of the x-rays in our file. **For the service of copying your radiology films, we assess a fee of \$15.00 per film copy. This fee must be paid in advance.**

X-rays will be copied on Fridays of each week. Therefore, your films will be ready for pickup on the following Monday after your x-rays are requested. Since the x-rays provided to you are copies, it is not necessary to return these films to our facility.

I also understand x-rays are utilized in this office to help locate and analyze vertebral *Subluxations*. These films are not used to investigate for medical pathology. The doctors of Planet Chiropractic do not diagnose to treat medical conditions; however, if any abnormalities are found we will bring it to your attention so that you can seek proper advice. By signing below you agree with the following terms and conditions.

Print Name: _____ Date: _____

Signature: _____ Age: _____



FEMALE PATIENT ONLY:

I ensure that I am not pregnant at the time x-rays are taken at Planet Chiropractic.

Signature: _____ Date: _____



CONSENT TO EVALUATE AND ADJUST A MINOR CHILD:

I _____, being parent or legal guardian of _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care. If you agree sign below.

Signature: _____ Date: _____