

CONSENT TO X-RAY

KURTZ CHIROPRACTIC CENTER
3011 RALEIGH ROAD PKWY W
WILSON, NC 27896

Patient Name: _____

Today's Date: _____

I understand that if I am pregnant and have x-rays taken which expose my lower torso to radiation, it is possible to injure the fetus. I have been advised that the 10 days following onset of a menstrual period are generally considered to be safe for x-ray exams.

With the full understanding of the above, I do hereby state that, to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this time and I wish to have an x-ray examination performed now.

Patient Signature: _____