CONSENT FOR TREATMENT AND AUTHORIZATION TO PERFORM X-RAYS

Date _____ Time_____AM/PM

I have been informed by Dr._____

that diagnostic x-rays are advisable in my case so that a complete analysis can be made of my present musculoskeletal problem (or illness). I authorize Dr._____ to perform such radiographic examination necessary to diagnose and to administer whatever treatment is deemed necessary to treat my present problem (or illness).

Signed: _____

Witness: _____

To the best of my knowledge I am -NOT pregnant and the above named Doctor has my permission to x-ray me for diagnostic interpretation.

Signed: _____