

**Yandell Chiropractic Wellness Center**  
911 S. Bryant Ave, Edmond, OK 73034

**CONSENT TO X-RAY**

I hereby authorize Yandell 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)

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**CONSENT TO X-RAY**

**Pregnancy Release\***

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

I hereby release Yandell 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.