

## X-RAY CONSENT FORM

The doctor will explain that the purpose of the x-ray about to be taken is to analyze the spine for vertebral subluxations and to determine the appropriateness of chiropractic spinal adjustments. If the doctor discovers a non-chiropractic “unusual finding” when reviewing x-ray, I will be informed. I then must determine if I should seek the services of an additional health care provider for advice, diagnosis, or treatment for the unusual finding. I understand that seeking advice from another type of health care provider should not interfere with the subluxation corrective care provided by this office.

I fully understand the above and consent to chiropractic spinal x-rays from Lampe Chiropractic.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_