

An Informed Consent to X-Ray

Team Chiropractic & Sports Medicine

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I _____ hereby allow the doctors, assistants, or designated staff of *Team Chiropractic and Sports Medicine* to perform any x-ray procedures necessary. I understand that these procedures are useful in helping to determine the cause of my problem. They may also be used for subsequent re-evaluations to determine my progress throughout my treatment program.

My understanding is that the actual x-ray film is the property of *Team Chiropractic and Sports Medicine*; however, the information on the film is mine. I am able to obtain a copy of these films at an additional charge to pay for the physical film itself.

Team Chiropractic and Sports Medicine does allow a patient to borrow their x-ray films for a maximum of thirty (30) days in order to coordinate care with other health care professionals. This requires a signed release from the health professional and has a strict 30 day return policy. *Team Chiropractic and Sports Medicine* is held legally liable to have original copies of all x-rays taken at this clinic for a minimum of seven (7) years.

I understand that if I am pregnant and have X-rays taken which expose my lower torso to radiation there is a risk that my fetus may be injured.

I have been advised that the 10 days following the onset of a menstrual period are generally considered to be safe for X-ray examinations.

With those factors in mind, I am advising my doctor that:

	Yes	No	Don't Know
I am pregnant	___	___	___
I could be pregnant	___	___	___
I am late with my menstrual period	___	___	___
I am taking oral contraceptives	___	___	___
I have an IUD	___	___	___
I have had a tubal ligation	___	___	___
I have had a hysterectomy	___	___	___
I have irregular menstrual periods	___	___	___
My last menstrual period began on: _____			

An X-Ray may be performed on me with my consent.

Patient: Signature _____ Date _____

Print _____

Witness: Signature _____ Date _____

Print _____