

Barrett Chiropractic Clinic, P.C.  
Richard F. Barrett, D.C.  
2853 Dulles Avenue  
Missouri City, TX 77459

**PATIENT CONSENT TO X-RAY**

\_\_\_\_\_  
Initial I, \_\_\_\_\_, authorize the performance of diagnostic x-ray examination of myself which the above doctor or their associates may consider necessary or advisable in the course of my examination and treatment.

**CONSENT TO X-RAY MINOR**

\_\_\_\_\_  
Initial I, \_\_\_\_\_, authorize the performance of diagnostic x-ray examination of my child or ward, \_\_\_\_\_, which the above doctor or their associates may consider necessary or advisable in the course of examination and treatment. The patient is a minor, \_\_\_\_\_years of age. My relationship to this minor is \_\_\_\_\_.

**VERIFICATION OF NON-PREGNANCY**

\_\_\_\_\_  
Initial This is to certify that, to the best of my knowledge, I am not pregnant and the above doctor and/or associates have my permission to perform diagnostic X-ray examination. I have been advised that X-rays can be hazardous to an unborn child.

Date of last menstrual period: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_