W.T.I.P

WEST TEXAS INJURY PREVENTION

X-RAY WAIVER

PT Name (Print): _____ PT DOB:_____

Patient Consent To X-Ray: I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this time, I know of no other condition which the taking of xrays would further complicate.

Signed: _____ Date: _____

Consent To X-Ray A Minor I am a parent or legal guardian of _____, who is a minor, _____years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this time, I know of no other condition which the taking of x-rays would further complicate.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: _____ Date: _____

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