

ZIMMERMAN FAMILY WELLNESS

21031 CATAWBA AVENUE

CORNELIUS, NC 28031

X-Ray Consent Form

In order for Dr. Zimmerman to fully evaluate and provide you proper treatment, X-rays may be needed.

Please choose one:

I understand that my doctor may need x-rays in order to diagnose my condition. I give permission for all need diagnostic tests.

I choose NOT to have any X-rays at this time and release my doctor of all liabilities.

Signature: _____ Date: _____

For Female Patients Only:

I understand that if I am pregnant and have x-rays taken, my lower torso will be exposed to radiation and possible injury to the fetus may occur.

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

I am pregnant yes no don't know

I could be pregnant yes no don't know

I have had a tubal ligation yes no

I have had a hysterectomy yes no

I have begun menopause yes no

Date of your last menstrual period _____

Type of birth control method used (if any) _____.

With full understanding of the above, and believing that I am not at risk, & wish to have an x-ray examination performed as requested by my doctor.

Signature: _____ Date: _____