



30 Harrington Avenue  
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### X-RAY CONSENT FORM

Dr. O'Connor has informed me that x-rays may be harmful to an unborn child. The doctor has further explained that the purpose of the x-rays about to be taken is to analyze the spine for vertebral subluxations and to determine the propriety of Chiropractic spinal adjustments.

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

Signature of Patient

*Or Guardian:* \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ File # \_\_\_\_\_