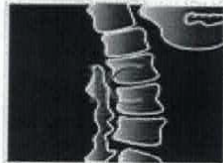




X Ray Consent Form



(initials)

_____ I, hereby acknowledge that Dr. Alec of Proactive Chiropractic and Rehab Center has informed me of the advisability of, risk, inherent in, and the probable consequences of not receiving X-rays. Dr. Alec. I hereby consent to receive X-rays.

Notwithstanding these recommendations that I receive X-rays, I have decided on my own volition to accept such X-rays, and do hereby release and hold harmless from any legal action or responsibility whatsoever for unfavorable or untoward results caused by my refusal to permit the use of this procedure, or from any and all problems rising from subsequent treatments I will receive from Dr. Alec, a licensed Doctor of Chiropractic, and the Proactive Chiropractic and Rehab Center.

Date:

Patients Name (Print)

Patients Signature