



Lifestyle Wellness Center

"Change Your Lifestyle, Change Your Life"

Family & Sports Chiropractic

CONSENT TO X-RAY

I hereby authorize Lifestyle Wellness Center and whomever Dr. Chad Weinzetl may designate as his assistants to take x-rays of myself (or said minor).

Dated this _____ day of _____, 20_____.

Printed Name

Signature

Parent/Guardian Signature (if a minor)

Pregnancy Release

Date of onset or last menstrual period (LMP): _____.

I hereby state that I am not pregnant and therefore, release Lifestyle Wellness Center from any and all liability.

Dated this _____ day of _____, 20_____.

Patient Printed Name

Patient Signature

4140 Legacy Drive, Ste. 324 Plano, TX 75024 Phone: 469-241-9665

www.chirochangeslives.com