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X-Ray Consent Form

I, _____, give consent to have an x-ray exam performed on me.
Patient's Name (printed)

To the best of my knowledge, I am not currently pregnant nor am I trying to become pregnant. I understand that if I am pregnant and have x-rays taken which expose my lower torso to radiation, it is possible to injure the fetus. I have been advised that the 10 days following onset of a menstrual period are generally considered to be safe for x-ray exams. With these factors in mind, I give informed consent to have an x-ray exam performed on me, and hereby release Rhino Scoliosis Center and any owner or representative from any responsibility.

Patient Signature: _____ Date: _____
(or Parent/Guardian)