PRECISION CHIROPRACTIC

IMAGING CONSENT

Patient Name: _____ DOB: _____

The exam that your doctor has ordered utilizes very small doses of ionizing radiation. Research is clear that the amount of radiation used in diagnostic imaging is safe, however we want to make sure you are aware of its use. If you have any questions about the effects of diagnostic imaging, please request those resources from your doctor.

Ionizing radiation can cause negative health effects to an unborn baby. The extent of health effects depends on the gestational age at the time of exposure and the amount of radiation that is delivered and exposed. Unborn babies are especially sensitive to ionizing radiation during weeks 2-15 of pregnancy. Consequences can include stunted growth, deformities, abnormal brain function, or cancer that could develop later in life. You should speak with your doctor if you believe you may be pregnant to discuss possible side effects and the risks/benefits of this procedure. If you think that you could be pregnant, please inform the doctor before the exam to discuss alternative diagnostic procedures.

Females (please initial if affirmative):

_____ To the best of my knowledge I am not pregnant and do not believe that there is any chance that I may be pregnant.

_____ I understand the risks and possible effects of ionizing radiation on an unborn baby.

By signing below, I consent to reasonable and necessary diagnostic imaging for the purposes of chiropractic analysis, identification of contraindications to care, and screening for pathological conditions.

Signature _____ Date _____