



Consent for Radiology

I, _____, give Dr. Kadin of Kadin Family Chiropractic & Wellness Centre my consent to take any and all x-rays needed to better understand my condition. I have been fully informed of the possible risks and safety standards of this office.

I also give my consent for films of my child (children) for the same reasons, if applicable.

For Ladies only:

To my best knowledge I am not pregnant and know of no contraindications for x-rays at this time.

Patient Signature: _____ Date: _____