

# Total Body Chiropractic

## AUTHORIZATION TO PERFORM X-RAYS

Date \_\_\_\_\_

Time \_\_\_\_\_ AM PM (circle one)

Diagnostic x-rays may be necessary in my case so that a complete analysis can be made of my present musculoskeletal problem or illness.

I authorize Dr. Mark Franicevic to perform such radiographic examination necessary to diagnose and to administer whatever treatment is deemed necessary to treat my present problem or illness.

Signed: \_\_\_\_\_

To the best of my knowledge I am NOT pregnant and that the above named doctor has my permission to x-ray me for diagnostic interpretation.

Signed: \_\_\_\_\_