THE
BALANCED
BODY
CENTER

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The Balanced Body Center

X-ray Consent & Pregnancy Release Form

Patient Name: _____

DOB: _____

Please answer the following questions:

1. Are you pregnant or any chance you may be? _____
2. Date of the start of your last period? _____
3. Are you on any type of birth control? _____
4. Are you trying to get pregnant? Yes / No

Your Signature indicates that you have read, understood, and answered all of the above and accept all responsibilities associated with exposure to yourself and your unborn child and have accurately answered the above statements.

Signature: _____ Date: _____

Witness: _____ Date: _____