



X-Ray Waiver/Refusal Form

This is to acknowledge that Dr. Glenn Micheels D.C. has recommended that x-rays be taken so that a complete study and analysis may be made of my present condition (or subluxation).

I do not feel that my present condition (or subluxation) is serious enough to warrant the use of x-rays, so that a complete study and analysis may be made by Dr. Glenn Micheels. Therefore, you are hereby authorized and directed to provide Chiropractic Care to my present condition (or subluxation) to the best of your ability without a complete study and analysis of said condition (or subluxation).

Should any untoward effects or any further illness or injury develop, directly or indirectly, as a result of such Care provided, I shall assume full responsibility. In consideration of your Chiropractic Care at my request without benefit of a complete study and analysis, I do hereby release you from all cause of action, damages, and liabilities arising by reason of said Chiropractic Care, whether heretofore or hereafter occurring, and whether known or unknown by the parties hereto.

Patient Signature: _____ Date: _____

(Or guardian)