

# Norman Family Chiropractic & Wellness

Please Sign All That Apply

## PREGNANCY RELEASE (ALL WOMEN)

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child. Date of last menstrual cycle: \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

## CONSENT TO EVALUATE / ADJUST A MINOR CHILD

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive examination and chiropractic care as deemed necessary.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

## CONSENT TO X-RAY

I hereby authorize Norman Family Chiropractic & Wellness, or whoever the clinician may designate to take x-rays.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

## PRIVACY NOTICE

The practice may use and/or disclose my protected health information in order for the practice to treat me and obtain payment for that treatment and as necessary for the practice to conduct its specific health care operations. I understand that the practice utilizes an open adjusting room format to conduct patient treatment.

I have read and understand the forgoing notice, and all of my questions have been answered to my full satisfaction in a way that I can understand.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**