

X-RAY RELEASE

I hereby acknowledge that DR. STEFAN GETZIK of the GETZIK FAMILY CHIROPRACTIC has informed me of the advisability of, risk, inherent in, and the probable consequences of not receiving X-rays. He has explained to me the reasons and need for such X-rays and will send to the hospital of my choice to receive X-Rays until GETZIK FAMILY CHIROPRACTIC is installing their office unit.

Notwithstanding these recommendations that _____ receives X-rays, I have decided on my own volition to refuse such X-rays, and do hereby release and hold harmless from any legal action or responsibility whatsoever for unfavorable or untoward results caused by my refusal to permit the use of this procedure, or from any and all problems rising from subsequent treatments I will receive from Dr. STEFAN GETZIK, DC a licensed Doctor of Chiropractic, and the GETZIK FAMILY CHIROPRACTIC.

Dated this _____ day of _____, 20____.

Patients Signature
