

# Evans Chiropractic Health Center

## William M. Rice, D.C., P.C.

108 SRP DR STE A | EVANS GA 30809-3319 | 706-860-4001

Consent for Treatment  
And  
Authorization to Perform X-rays

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

Dr. William M. Rice has informed me that diagnostic x-rays are advisable in my case so that a complete analysis can be made of my present musculo-skeletal problem (or illness).

I have authorized Dr. William M. Rice to perform such radiographic examination necessary to diagnose and to administer whatever treatment is deemed necessary to treat my present problem (or illness).

Print Patient's Name: \_\_\_\_\_

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

Witness: \_\_\_\_\_

To the best of my knowledge I am NOT pregnant and I have given Dr. Rice my permission to x-ray me for diagnostic interpretation.

Print Patient's Name: \_\_\_\_\_

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

Witness: \_\_\_\_\_