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Waiver Of X-Rays

This is to acknowledge that:

Dr. Lori Sinisgalli
Chiropractor

has recommended that X-RAYS be taken so that a complete study and analysis may be made of my present condition.

I do not feel that my present condition is serious enough to warrant the use of X-RAYS at this time, so that a complete study and analysis may be made by you. Therefore, you are hereby authorized and directed to treat my present condition to the best of your ability without making a complete study and analysis of my present condition.

Should any untoward effects or any further illness or injury develop, directly or indirectly, as a result of such treatment, I shall resume full responsibility. Since I give you permission to treat me at my request without benefit of a complete study and analysis, I do hereby release you from all cases of action, damages, and liabilities arising by reason of said treatment, whether heretofore or hereafter occurring, and whatever now known by the parties hereto.

Executed this the ____ day of _____, 20____.

Patient Name: _____

Patient Signature: _____