

X-Ray Authorization:

As your healthcare provider, we are legally responsible for your chiropractic records. We must maintain a permanent record of your x-rays in our files. At your request, we will provide you with a copy of the x-rays in our files. **For the service of copying your radiology films, we assess a fee of \$15.00 per film copy. This fee must be paid in advance.**

X-rays will be copied on Fridays of each week. Therefore, your films will be ready for pickup on the following Monday after your x-rays are requested. Since the x-rays provided to you are copies, it is not necessary to return these films to our facility.

I also understand x-rays are utilized in this office to help locate and analyze vertebral *subluxations*. These films are not used to investigate for medical pathology. The doctors of Discover Chiropractic do not diagnose to treat medical conditions; however, if any abnormalities are found we will bring it to your attention so that you can seek proper advice. By signing below you agree to the above terms and conditions.

Print Name: _____ Date: _____

Signature: _____ Age: _____

FEMALE PATIENT ONLY:

I ensure that I am not pregnant at the time x-rays are taken at Discover Chiropractic.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

X-Ray Factor Sheet

Sex: M F

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|---|---|---|--|---|
| <input type="checkbox"/> Lat Cervical CM Kvp Time MAS <input type="checkbox"/> 10-11 <input type="checkbox"/> 78 <input type="checkbox"/> 1/24 12.5 <input type="checkbox"/> 12-13 <input type="checkbox"/> <input type="checkbox"/> 1/20 15 <input type="checkbox"/> 14-15 <input type="checkbox"/> 1/15 20 <input type="checkbox"/> 16-17 <input type="checkbox"/> 1/10 30 <input type="checkbox"/> 2/15 40 MA 300 Size 8x10 | <input type="checkbox"/> Flex/Ext CM Kvp Time MAS <input type="checkbox"/> 14-15 <input type="checkbox"/> 70 <input type="checkbox"/> 1/10 20 <input type="checkbox"/> 16-17 <input type="checkbox"/> <input type="checkbox"/> 2/15 30 <input type="checkbox"/> 18-19 <input type="checkbox"/> 3/20 40 <input type="checkbox"/> 20-21 <input type="checkbox"/> 2/10 50 <input type="checkbox"/> 22-23 MA 300 Size 8x10 | <input type="checkbox"/> Lower Cervical CM Kvp Time MAS <input type="checkbox"/> 14-15 <input type="checkbox"/> 70 <input type="checkbox"/> 1/10 20 <input type="checkbox"/> 16-17 <input type="checkbox"/> <input type="checkbox"/> 2/15 30 <input type="checkbox"/> 18-19 <input type="checkbox"/> 3/20 40 <input type="checkbox"/> 20-21 <input type="checkbox"/> 2/10 50 <input type="checkbox"/> 22-23 MA 300 Size 8x10 | <input type="checkbox"/> Lateral Thoracic CM Kvp Time MAS <input type="checkbox"/> 22-23 <input type="checkbox"/> 80 <input type="checkbox"/> 1/15 20 <input type="checkbox"/> 24-25 <input type="checkbox"/> <input type="checkbox"/> 1/10 30 <input type="checkbox"/> 26-27 <input type="checkbox"/> 2/15 40 <input type="checkbox"/> 28-29 <input type="checkbox"/> 2/10 50 <input type="checkbox"/> 30-31 <input type="checkbox"/> 1/4 75 <input type="checkbox"/> 32-33 <input type="checkbox"/> 3/10 90 <input type="checkbox"/> 34-35 <input type="checkbox"/> 2/5 120 <input type="checkbox"/> 36-37 <input type="checkbox"/> 1/2 150 MA 300 Size 14x17 | <input type="checkbox"/> A-P Thoracic CM Kvp Time MAS <input type="checkbox"/> 16-17 <input type="checkbox"/> 75 <input type="checkbox"/> 1/20 17 <input type="checkbox"/> 18-19 <input type="checkbox"/> <input type="checkbox"/> 1/15 22 <input type="checkbox"/> 20-21 <input type="checkbox"/> 1/10 30 <input type="checkbox"/> 22-23 <input type="checkbox"/> 2/15 40 <input type="checkbox"/> 24-25 <input type="checkbox"/> 2/10 50 <input type="checkbox"/> 26-27 <input type="checkbox"/> 1/4 75 <input type="checkbox"/> 28-29 <input type="checkbox"/> 3/10 90 <input type="checkbox"/> 30-31 <input type="checkbox"/> 2/5 120 MA 300 Size 14x17 |
| <input type="checkbox"/> APOM CM Kvp Time MAS <input type="checkbox"/> 14-15 <input type="checkbox"/> 70 <input type="checkbox"/> 1/10 20 <input type="checkbox"/> 16-17 <input type="checkbox"/> <input type="checkbox"/> 2/15 30 <input type="checkbox"/> 18-19 <input type="checkbox"/> 3/20 40 <input type="checkbox"/> 20-21 <input type="checkbox"/> 2/10 50 <input type="checkbox"/> 22-23 MA 300 Size 8x10 | Other View _____ CM _____ Kvp _____ MAS _____ MA _____ Size _____ | <input type="checkbox"/> Lateral Lumbar CM Kvp Time MAS <input type="checkbox"/> 26-27 <input type="checkbox"/> 88 <input type="checkbox"/> 3/10 30 <input type="checkbox"/> 28-29 <input type="checkbox"/> 90 <input type="checkbox"/> 2/10 40 <input type="checkbox"/> 30-31 <input type="checkbox"/> 92 <input type="checkbox"/> 1/4 50 <input type="checkbox"/> 32-33 <input type="checkbox"/> 94 <input type="checkbox"/> 2/5 70 <input type="checkbox"/> 34-35 <input type="checkbox"/> 96 <input type="checkbox"/> 1/2 90 <input type="checkbox"/> 36-37 <input type="checkbox"/> <input type="checkbox"/> 3/5 120 <input type="checkbox"/> 38-39 <input type="checkbox"/> <input type="checkbox"/> 4/5 160 <input type="checkbox"/> 40-41 <input type="checkbox"/> <input type="checkbox"/> 1 200 <input type="checkbox"/> 42-43 <input type="checkbox"/> <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 MA 200 Size 14x17 | <input type="checkbox"/> A-P Lumbar CM Kvp Time MAS <input type="checkbox"/> 20-21 <input type="checkbox"/> 76 <input type="checkbox"/> 1/15 40 <input type="checkbox"/> 22-23 <input type="checkbox"/> 78 <input type="checkbox"/> 1/10 50 <input type="checkbox"/> 24-25 <input type="checkbox"/> 80 <input type="checkbox"/> 2/15 75 <input type="checkbox"/> 26-27 <input type="checkbox"/> <input type="checkbox"/> 2/10 90 <input type="checkbox"/> 28-29 <input type="checkbox"/> <input type="checkbox"/> 1/4 120 <input type="checkbox"/> 30-31 <input type="checkbox"/> 3/10 150 <input type="checkbox"/> 32-33 <input type="checkbox"/> 2/5 170 <input type="checkbox"/> 34-35 <input type="checkbox"/> 1/2 210 <input type="checkbox"/> 36-37 <input type="checkbox"/> 3/5 <input type="checkbox"/> 38-39 <input type="checkbox"/> 4/5 <input type="checkbox"/> 40-41 <input type="checkbox"/> 1 <input type="checkbox"/> 42-43 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 MA 300 Size 14x17 | |

Dr. Jeremy Hess Dr. Amanda Hess

Notes: _____

CA Initials _____

Name: _____
 Age: _____
 Stockbridge, GA 30281 (770) 389-4744