

Nielsen Chiropractic Health Center

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Authorization To Perform X-rays
and
Consent For Treatment

This is to acknowledge that **Nielsen Chiropractic Health Center** has recommended that x-rays be taken so that a complete study and analysis may be made of my present problem (or illness).

Therefore, **Nielsen Chiropractic Health Center** is hereby authorized and directed to complete a radiographic examination in order to treat my present problem (or illness). Copies of x-rays will be available at a small charge per film.

In the nutritional management of a case, **Nielsen Chiropractic Health Center** routinely prescribe numerous vitamins, minerals, enzymes, homeopathies, phytopharmaceuticals and other nutritional substances, and we do not want you to have any misconceptions about their use in this clinic. In the event that any vitamin, mineral, food or other nutritional substance mentioned above is prescribed or administered through injection, we want you to understand explicitly that its purpose will be for the improvement of your overall nutritional status; to improve your metabolism; for improvement of the sense of well-being; to improve appetite; for gain or reduction in weight; and/or for possible remission or reduction of pain where present.

I also give consent to **Nielsen Chiropractic Health Center** to administer whatever treatment is deemed necessary to treat my problem or illness.

Executed this the _____ day of _____ 20 _____

SIGNED: _____

WITNESS: _____

To the best of my knowledge I am not pregnant. My last period was

SIGNED _____