

WAIVER OF X-RAYS

I, have been advised by _____, that in order to properly diagnose my condition, I should submit to having x-rays taken.

PROVIDER NAME

I do not feel that my present condition is serious enough to warrant the use of x-rays.

I, knowing that a proper diagnosis cannot be made of my condition without the taking of x-rays, and having been informed that such treatment may be injurious to my condition, do agree and request that treatment be rendered to me without submitting to x-rays.

In the event my condition is aggravated or deteriorates as a result of my refusal to submit to x-rays, I will hold _____ free and harmless from any claims, suits or damages.

PROVIDER NAME

I assume full responsibility as a result of such treatment rendered me, because of my refusal to submit to having x-rays taken.

Signed _____ Date _____

Witnessed _____