



Authorization to Perform x-rays

This is to acknowledge that AFS&H has recommended that x-rays be taken so that a complete study and analysis may be made of my present condition.

Therefore, AFS&H is hereby authorized and directed to complete a radiographic examination in order to treat my present problem.

To the best of my knowledge I am not pregnant and AFS&H has my permission to x-ray me for diagnostic interpretation.

Date: _____

Signed: _____

Witness: _____

Consent for treatment

I give consent for AFS&H to administer whatever treatment is deemed necessary to treat my problem.

Date: _____

Signed: _____

Witness: _____