

**CONSENT FOR TREATMENT  
AND AUTHORIZATION TO  
PERFORM X-RAYS**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

I have been informed by Dr. Barnes that diagnostic x-rays are advisable in my case so that a complete analysis can be made of my present musculoskeletal problem (or illness).

I authorize Dr. Barnes to perform such radiographic examination necessary to diagnose and to administer whatever treatment is deemed necessary to treat my present problem (or illness).

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

To the best of my knowledge I am NOT pregnant and the above named Doctor has my permission to x-ray me for diagnostic interpretation.

Signed: \_\_\_\_\_