

PREGNANCY WAIVER

I hereby acknowledge that Dr. Rodgers of the Rodgers Stein Chiropractic Center has informed me prior to being x-rayed of the advisability of risk and the probable consequences of receiving x-rays during pregnancy. I have stated on my own volition that I was not pregnant at the time and do hereby release and hold harmless from any legal action or responsibility caused by the use of this procedure.

Printed Name of Patient

Signature of Patient/Authorized Representative of Patient

Witness

Date