

## DIAGNOSTIC IMAGING

Diagnostic imaging procedures are indicated for determining the presence of conditions which affect the safety and appropriateness of chiropractic care as well as characterization of the biomechanical component of the vertebral subluxation when this cannot be determined by other means.

Plain film radiography is indicated for the following: to provide information concerning the hard tissue components of the spine, skull and pelvis; to provide information concerning the misalignment component of the vertebral subluxation; to provide information concerning the foraminal alteration component of the vertebral subluxation; to provide information concerning the dynamics of spinal motion. Imaging procedures should be performed only when clinically necessary.

X-ray is a primary diagnostic/analytical tool in detection and correction of vertebral subluxation(s). Foresight Chiropractic Clinic believes that the use of x-rays by the doctor of chiropractic when clinically indicated is common practice necessary in diagnosis, analysis, prognostic evaluation and in the evaluation of subluxation location, correction, reduction and total spinal evaluation.

The doctor has explained that the purpose of the x-rays about to be taken is to analyze the spine for vertebral subluxations and to determine the appropriateness of chiropractic spinal adjustments. If the doctor discovers a non-chiropractic "unusual finding" when reviewing this x-ray, I will be informed. I then must determine if I should seek the services of an additional health care provider for advice, diagnosis, or treatment for the unusual finding. I understand that seeking advice from another type of health care provider should not interfere with the subluxation corrective care provided by this office.

I fully understand the above and consent to chiropractic spinal x-rays.

Practice Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Female Practice Members Only)*

Date of Last Menstrual Period \_\_\_\_\_

I understand that diagnostic radiographs are not recommended on practice members who may be pregnant. I have informed the doctor that I am not pregnant, and allow the doctor to perform the necessary diagnostic imaging required for the detection and correction of vertebral subluxations.

Practice Member's Signature \_\_\_\_\_ Date \_\_\_\_\_