
CONSENT FOR TREATMENT AND AUTHORIZATION TO PERFORM X-RAYS

I have been informed by **Dr. Hunter P. Lee** 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. Hunter P. Lee** to perform such radiographic examination necessary to diagnose, and to administer whatever treatment is deemed necessary to treat my present problem (or illness).

Signed: _____ Date _____

Witness: _____ Date _____

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: _____ Date _____