

EAST 53RD STREET

CHIROPRACTIC AND WELLNESS STUDIO

X-Ray Release Form

Last Menstrual Period: _____

I, _____, to the best of my knowledge, am not pregnant and relinquish Dr. John Belmonte, from any and all liability pertaining to the taking of x-rays in case I might be pregnant.

Dated: _____

Patient's Signature: _____

Doctor's Name: _____

Dr. John J. Belmonte
211 East 53rd Street
New York, NY 10022
(212)980-4211