



**Dr. Erin McLaughlin, B.Sc., D.C. | Dr. Pierre Paradis, B.Sc., D.C.**

8-484 Hazeldean Road | Kanata, ON K2L 1V4 | hazeldeanchiropractic.com | T (613) 831-9665 | F (613) 831-1865

## **CONSENT FOR RADIOLOGY OF A MINOR**

(To be completed on day of x-ray)

I, \_\_\_\_\_, hereby give my consent for  
Hazeldean Family Chiropractic Clinic and Dr. \_\_\_\_\_  
to take x-rays as needed to determine the status of my child's spine.

### **DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian printed name: \_\_\_\_\_

Patient (Child's) printed name: \_\_\_\_\_

Chiropractor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chiropractor printed name: \_\_\_\_\_

File #: \_\_\_\_\_