



**Genesis  
Chiropractic**

**Dr. Samuel T. Laffel**

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2922 Oak Lawn Avenue  
Dallas, TX 75219  
**(214) 219-4325**  
(214) 526-2267 *fax*

**CONSENT FOR X-RAYS**

I, \_\_\_\_\_ do hereby give my consent to **Genesis Chiropractic** and its representative, to take X-Rays as deemed appropriate by the examining doctor of chiropractic. I also hereby declare, to the best of my knowledge, that I am not pregnant.

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF LAST MENSTRUAL CYCLE (WOMEN)

"Healing the World, One spine at a time"

Samuel T. Laffel, D.C.