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DR. PETER TOYOS, B.A., D.C.
For The Health Of Your Life

www.toyoschiro.com

Waiver of X- Rays

This to acknowledge that _____ B.A., D.C. has recommended that X-Rays be taken so that a complete study and analysis may be made of my present problem (illness).

I do not feel that my present problem (illness) is serious enough that warrant the use of X-Rays, so that a complete study and analysis may be made by you. Therefore, you are hereby authorized and directed to treat my present problem (illness) to the best of your ability without making a complete study and analysis of my present problem (illness).

Should any untoward effects or any further illness or injury develop, directly or indirectly, as a result of such treatment, I _____ shall assume full responsibility. In consideration of your treating me at my request without benefit of a complete study or analysis, I do hereby release you from all causes of action, damages, and liabilities arising by reason of said treatment, whether heretofore of hereafter occurring, and whether now known or unknown by the parties hereto.

Executed this the _____ day of _____, 20____

SIGNED _____