



KLEIN CHIROPRACTIC CENTER

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(610)-918-9455

During your exam today x-rays may need to be performed. Please check the line that applies to you.

_____ There is no possibility of pregnancy

_____ I am pregnant, please DO NOT take X-rays

Please sign and print your name below. Thank you for your cooperation.

Signature

Print Name

Date

We are dedicated to helping people reach optimal health through natural chiropractic care@