

Touch Stone Rehabilitation & Health
Center 318 Seguine Avenue
Staten Island, New York 10309

(718) 356-9222

X-Ray Authorization

I, _____, hereby authorize x-ray/x-rays to be
(Patients' name)

Performed on myself on this date, _____, and to my
(Today's date)

And to my knowledge, I am not pregnant.

(Patients signature)