



A.A. Specialty Health Center
4100 Lake Otis Pkwy Suite 216
Anchorage, AK 99508

Video Fluoroscopy Authorization

Patient's Last Name First M.I Date

I hereby authorize A.A. Specialty Health Center and Associates to perform the necessary video fluoroscopy x-ray procedure(s) for the purpose of diagnosing my condition.

The x-ray procedure(s) have been explained to me and I completely understand the nature and potential risks and benefits of the procedure(s). The following points have been discussed with me:

- I recognize that during the course of testing, unforeseen conditions may necessitate additional of different x-ray views than those initially set forth. I therefore, further authorize and request that the above named physician, his assistant, or his designees perform such procedure(s) as are, in his/her professional judgment necessary and desirable, including but not limited to, procedures involving pathology and radiology.
- I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of this procedure.
- I consent to being photographed before; during and after the treatment and that these photographs shall be used in identifying my x-rays series. I additionally agree that my x-rays may be used for publication in scientific journals and or shown publicly for scientific reasons without further authorization form me. Show my identity _____ Conceal my identity _____
- I agree to notify the above named clinic and/or Doctor(s) of any change of address so that he/she can notify me of any late findings and I agree to continue to cooperate with the clinic after my testing until completely discharged.

I have read the above consent and fully understand the same and do authorize the above named clinic and Doctor(s) to perform the necessary diagnosis procedure(s) to fully evaluate my condition.

- I am allergic to the following: _____
- I am not allergic anything: _____ initials.

Patient Signature: _____ Witness Signature: _____