## **Thriving Life Clinic**

## **DEXA consent (Duel-Energy X-ray Absorptiometry)**

By signing this form, I acknowledge that this test is designed to assess bone density and body composition (fat and lean mass). The scan takes 5-10 minutes and requires me to lay flat on an open table. There is a small amount of radiation with this test, similar to a dental x-ray or less than a chest x-ray. Pregnant women should not undergo this test, as it could potentially harm a fetus. If there is any possibility of pregnancy, I will not proceed with this test. In signing this consent form, I understand the nature of the DEXA test and confirm that I am not pregnant. I also affirm that my questions regarding the testing have been answered to my satisfaction. I agree to assume the risk of testing, and further agree to not hold Thriving Life Clinic and its staff members liable for any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from testing.

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|-----------|------|--|
| Signature |      |  |
| J         |      |  |
|           |      |  |
| Date      |      |  |