

X-RAY CONSENT FORM

Dental x-rays are required to allow the dentist to diagnose and treat conditions that cannot be detected during a clinical examination. Dental x-ray films detect a number of things such as cavities/decay, bone loss, and infection. For children it is also needed in order to determine if there is enough space for all incoming teeth, if teeth are impacted, and for orthodontic plans.

If dental problems are found and treated early, before they become visible or painful, dental care is much more comfortable and affordable. Dental x-rays are a required part of a comprehensive oral examination. However, your dental insurance may not cover the fee for the x-rays.

Please select one option:

 \_\_\_\_ New dental x-rays may be taken. I understand that they may or may not be covered by my dental insurance. I understand that I am responsible for all the fees if my insurance does not pay for the x-rays needed.

 \_\_\_\_ I have had dental x-rays made in the last year and have had them e-mailed/faxed prior to the appointment or I have them with me.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_