Dental Radiographs Consent Form

Patient: _____

Parent/Legal Guardian: _____

The use of dental radiographs, or x-rays, allows the doctor to detect dental problems early before serious damage is done to your teeth, gums, and supporting bones and structures. If these conditions are not detected until there are visible or painful signs of disease, your oral health can be seriously affected. Dental radiographs are a part of a comprehensive dental oral examination. Your insurance might not cover the x-rays. Please indicate which you would like us to do:

- ☐ You can take new x-rays, which may or may not be covered with my insurance; however, I know I am responsible to pay for the x-rays if my insurance company does not pay for the x-rays.
- ☐ Please inform us if you are or if you think you are pregnant.
- ☐ I have x-rays that were taken within 12 months and I have brought them with me.
- ☐ I do not want x-rays taken today. I understand that the dentist will not be able to do a full exam. I release Sweet Tooth Dental Center from any responsibility for any condition which may be present in my child's mouth that remains undiagnosed as a result of my request that no dental radiographs be taken.

Signature of Patient: _____Date_____

Signature of Parent/Guardian if patient is a minor _____Date:_____