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 child’s teeth, gums, and supporting bones and structures. If these conditions are not detected until there are visible or painful signs of disease, your child’s 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:

☐ I have x-rays that were taken within 12 months and I have brought them with me.

☐ 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.

☐ I do not want x-rays taken today. I understand that the dentist will not be able to do a full exam. I release Cheyenne Mountain Children’s Dentistry 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                                      Date