

Exam and X- rays Consent form

Patient's Name: _____ Date : _____

Radiographic Examination is necessary for proper diagnosis and treatment. Without the necessary x-rays we are not able to properly diagnose presence or absence of dental caries, bone loss, periodontal disease, abscess, etc..

I give my consent to A Briter Smile Dental Care ,doctors and technical assistants to take the necessary x-rays.

Patient/Guardian's Signature: _____