

RECOMMENDED DIGITAL X-RAY CONSENT

**Salem Dental Studio
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Digital Dental X-Rays use 80-90% less radiation than conventional X-Rays, thus the possible harm and hazard from dental x-rays have all but been eliminated.

It has been explained to me the nationwide standard of care for the TAKING OF NECESSARY PERIODIC DIGITAL DENTAL X-RAYS. I understand that by my refusal of this service a complete diagnosis is not possible.

I accept full responsibility for any problems such as loss of teeth through tooth decay, gum disease, abscesses, tumors, or oral cancer that may be undiagnosed and, therefore, untreated.

I agree to hold this practice and its staff blameless in the event that any of the above problems should occur. I accept the reduced standard of care that results from the OMISSION of periodic digital dental x-rays.

Comments:

Patient Signature
(Parent/Guardian if under 18)

Date

Doctor Signature

Date

Witness Signature

Date

Witness Name (Printed)