

# DIAGNOSTIC RADIOGRAPH CONSENT FORM

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

Date: \_\_\_\_\_

Dental Care Team Representative: \_\_\_\_\_

Dental Radiographs (X-Rays) are necessary to monitor oral health, diagnose, and treatment plan accurately.

I understand dentistry is not an exact science and there is no guarantee of specific results. For the best results, it is imperative that I work together with the dental care team. This means that I will cooperate and participate in the radiographic guidelines set by the American Dental Association and my dental care team for my individualized oral and systemic health care.

I understand the dental care team will recommend necessary radiographs annually and in other specific situations as needed. The dental team will do their best to make sure I understand their care and plan. If I do not understand any of the treatment or the plan, I will discuss it with the dental team.

I understand if I do not fulfill my part of the agreement by following their advice, I will be limiting my doctor's ability to diagnose and treatment plan accurately. I accept the risk that problems that can only be seen on dental radiographs will be missed in their diagnosis and treatment planning. I understand that if I refuse to have radiographs taken, then some treatments cannot be completed at all. I understand if I refuse radiographs, a "Refusal of Diagnostic Radiographs" form will be presented to sign and added to my chart. This form will expire at the recommended radiographic guideline, and if radiographs are still refused at that time, then it may warrant a dismissal from the practice.

I understand that should I feel there are changes in my condition or symptoms that appear between scheduled visits, I should notify the office immediately.

Signature of Patient:

\_\_\_\_\_

Signature of Dental Care Team

Representative: \_\_\_\_\_

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
<b>New Patient*</b> being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
<b>Recall Patient*</b> with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
<b>Recall Patient*</b> with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable
TYPE OF ENCOUNTER (continued)	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate and Partially Edentulous	Adult, Edentulous
<b>Recall Patient*</b> with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable
<b>Patient (New and Recall)</b> for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars	Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships.	
<b>Patient</b> with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions				