



## REFUSAL TO HAVE RADIOGRAPHS TAKEN

**I understand** that I have been advised to have the following radiographs (x-rays) taken as part of a complete and thorough exam in order to assist in the diagnosis and detection of oral or dental diseases that may be present: \_\_\_\_\_

**I understand** that by not having the recommended radiographs, conditions may arise at any time in the future that could have been prevented, detected earlier, and treated more successfully and less expensively if the radiographs were taken. These conditions can include but are not limited to, tooth decay, gum disease, infections, cysts, and tumors and by not diagnosing them early could result in more pain and discomfort, more expensive treatment, losing teeth that might otherwise be saved, and not detecting growths until they are very large.

Initials \_\_\_\_\_

I, \_\_\_\_\_, am declining to have radiographs taken, thereby releasing the dentists, hygienists, and any associates at Thrive Dental & Orthodontics from any liability of injury due to undetected disease or pathology I may currently, or in the future, suffer as a result of my refusal to have radiographs taken as recommended.

**I understand** that the “standard of care” guidelines set by the American Dental Association (ADA) advise x-rays on children every 6-12 months and 6-18 months in adults. Thrive Dental & Orthodontics will not permit patients to go longer than recommendations set by the ADA.

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Patient's Name (please print)

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Signature of patient, legal guardian, or authorized representative

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Date

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Witness' Signature

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Date