

Practice Policy Forms

Refusal of X-Rays

I have voluntarily chosen to refuse diagnostic X-rays to help with the diagnosis and/or treatment planning of my dental condition as recommended. I understand the need for X-rays and will not hold Dr. _____ liable for any failure to make a diagnosis or provide treatment because of the lack of radiographs. I assume full responsibility for any conditions relating to my dental health that might result from my decision.

Patient Name: _____

Patient Signature: _____

Date: _____

This sample document contains information that you may use or modify for your practice's needs. Your needs may vary based upon the laws in your state. This document does not constitute legal advice.