

INFORMED CONSENT FOR RADIOGRAPHS (X-RAYS)

This office follows the guidelines of the American Dental Association and recommends that FULL MOUTH XRAYS (FMX) BE TAKEN ONCE EVERY 3 TO 5 YEARS and BITE WING XRAYS every year for caries active patients and 1-2 years for routine cases.

*Current Xrays will be necessary before any diagnosis can be finalized. NO TEETH WILL BE EXTRACTED without a current PA (periapical xray showing the root and surrounding bone and soft tissue) or panorex film. No fillings will be placed without current bitewings and / or PAs of the tooth. NO EXCEPTIONS.

*Children and Adults: If any decay or dental infection (abscess) is obvious on visual inspection, xrays will be necessary to assess the extent of damage to the tooth structure. If your child is uncooperative, you will be referred to a pediatric dentist for treatment. Bite-wings and occlusal films are recommended for school age children 5 yrs and up. Occlusal films and bite-wing xrays may be suggested at age 3.5 to 4 yrs if there is no spacing between the teeth and if we suspect caries.

*Pregnant women: XRAYS WILL BE AVOIDED UNLESS IT IS AN EMERGENCY. Please inform this office if you think you are pregnant and Xrays will be postponed.

XRAYS are used to diagnose 1) extent of bone loss associated with PERIODONTAL DISEASE 2) interproximal caries--decay in between the teeth 3) pathology of pulp 4) integrity of root canal fillings 5) verify tooth or root structure 6) supernumerary teeth, impacted teeth 7) pathologic root resorption 8) third molar location and position 9) bone pathology 10) need for interceptive orthopedic/orthodontic treatment 11) what is normal for you. This will become important if you ever have trauma to your face and teeth due to an auto/ bike accident or sports injury for example.

RADIATION EXPOSURE: This office uses Kodak Ektaspeed E-film or F-film which minimizes your exposure. The amount of exposure from a FMX (18 films) is equivalent to being out in the sun for 4 days (UCLA study). Copies of these articles are available on request.

I HAVE READ, UNDERSTOOD, AND CONSENT TO HAVING XRAYS TAKEN IN THIS OFFICE.

PATIENT OR GUARDIAN SIGNATURE

DATE

STAFF SIGNATURE

DATE

I REFUSE TO HAVE XRAYS TAKEN AT THIS TIME. I UNDERSTAND THAT A COMPLETE AND THOROUGH DIAGNOSIS IS NOT POSSIBLE . I WILL NOT HOLD THE DENTIST OR STAFF RESPONSIBLE FOR NOT INFORMING ME OF ANY OF THE CONDITIONS LISTED ABOVE. I FURTHER UNDERSTAND THAT IF I HAVE BEEN A REGULAR PATIENT OF THIS PRACTICE FOR TWO YEARS, I MUST HAVE A FULL MOUTH XRAY ON FILE (THESE CAN BE FROM A PREVIOUS DENTIST AS LONG AS THEY ARE NOT OVER 3 YEARS OLD). We reserve the right to terminate treatment for incomplete records.

PATIENT OR GUARDIAN SIGNATURE

DATE

STAFF SIGNATURE

DATE