

X-Ray Release of Liability

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Patient Name	_	
Address	_	
City, State, Zip		
"I have been advised to have the following order to assist in thoroughly diagnosing only with radiographs):"		
"I understand that by not having the reco could have been prevented, detected ea were taken. These conditions may includ Not diagnosing them early could result in might otherwise be saved, and not	rlier, and treated more successfully and e but not limited to tooth decay, gum dis n more pain and discomfort, more expen	I less expensive if the radiographs ease, infections, cysts, and tumors, sive treatment, losing teeth that
"I am refusing to have these radiographs any and all liability resulting from diseas revealed."		· · · · · · · · · · · · · · · · · · ·
Patient Signature		
Witness	Doctor	-
Date	Date	-

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