

X-Ray Release of Liability

PROFESSIONAL
PROTECTOR PLAN®
FOR DENTISTS



Patient Name

Address

City, State, Zip

“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 thoroughly diagnosing oral or dental diseases that may be present (some of which can be detected only with radiographs):”

“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 expensive if the radiographs were taken. These conditions may include but not limited to tooth decay, gum disease, infections, cysts, and tumors. 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.”

“I am refusing to have these radiographs taken at this time. I therefore release Dr. _____ from any and all liability resulting from diseases or pathology, now or in the future, that these radiographs might have revealed.”

Patient Signature

Witness

Doctor

Date

Date

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