



# URBAN DENTAL

## FAMILY COSMETIC IMPLANT DENTISTRY

9015 Holman Rd NW Suite 5 Seattle, WA 98117 (206)-913-2256 Office (206)-913-2259 Fax UrbanDentalSeattle@gmail.com

### CONSENT FOR X-RAYS

The standard of care in our office includes the use of dental radiographs (x-rays). The most common type of x-rays we will take are Full mouth X-ray and Bitewings, those x-rays are helpful in screening both upper and lower jaws and help diagnose the following:

- \*Missing Teeth
- \*Orthodontic Considerations
- \*Periodontal Conditions (gum and bone disease)
- \*Defects and malignancies of the bone and jaw
- \*Evaluations of health of tooth, roots, crowns, bridges and implants.
- \*Abscesses (infections) within the bone associated with teeth or otherwise

These X-rays usually part of your normal dental hygiene/examination appointments and are necessary to provide the level of diagnosis and care we strive for. At the time of your appointment our staff will notify you if you are due to have x-rays taken. If you have questions or concerns, please feel free to ask any of our staff members. We value you as a patient and take pride in providing you with optimum dental care.

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Name of patient	Patient/Legal Guardian Signature	Date
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### REFUSAL OF X-RAYS

I have read and understand the above radiograph policy. At this time I am choosing to refuse the x-rays that have been recommended to me. I understand that in so choosing, my dental/oral health conditions cannot be evaluated and diagnosed. This may endanger my dental/oral health as well as my overall health. Understanding this, I do not hold Dr. Jean-Pierre Truong or any of his staff members liable or accountable for problems that may go undetected as a result of this decision.

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Name of patient	Patient/Legal Guardian Signature	Date
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Printed Name of patient	Staff Initials
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