

X-RAY REFUSAL FORM

In refusing the recommended full mouth series of x-rays, which includes bitewing x-rays, I, _____ take full responsibility of any undiagnosed interproximal cavities (cavities between the teeth), any undiagnosed tumors, cysts, or abscessed teeth found in the oral cavity, and bone loss which may be noted on the dental x-rays. Bone loss is monitored on x-rays because it occurs with Periodontitis (Gum Disease) which can result in loss of teeth if not diagnosed and treated.

The standard regimen for taking dental x-rays is once every three to five years for a Full Mouth Series, and every one to two years for the bitewing x-rays which are taken in between the dates of the Full Mouth Series.

Patient's Signature

Date

Witness's Signature

Date