



Childs Name: _____ Date of Birth: _____

X-Ray Consent

- This form is so that I may fully understand what is recommended for my child and the risks associated with refusing dental radiographs (x-rays).
The American Dental Association's and the Food and Drug Administration's current guidelines prescribing dental radiographs (x-rays) are as follows:
 - Routine diagnostic radiographs such as a full mouth series, or panoramic x-ray should be taken every 3-5 years.
 - Bitewing x-rays should be taken every 1-2 years, unless your dentist believes the patient to be of high cavity risk. High risk patients should have their bitewings every 6-12 months.
- I understand radiographs are necessary for the dentist to fully diagnose and treat possible decay (cavities), infection, fractured teeth, and bone loss due to gum disease. If these conditions are not detected until there are visible or painful signs of disease, your child's oral health and possibly systemic (overall) health can be seriously affected. **YOUR INSURANCE MAY NOT COVER THE X-RAYS AT THE RECOMMENDED INTERVALS.**

New x-rays can be taken today. I am aware that if my insurance does not cover the x-rays I will be responsible for the cost. Without X-Rays a full diagnosis may not be possible.

Fluoride Consent

It is the policy of the doctor to apply a fluoride application to your child's teeth at each six month recall appointment. This is required to help prevent the chance of decay. Some insurance companies allow for fluoride at each of their recall appointments, while others have a frequency limitation, only paying for fluoride once a year. **The policyholder is responsible for any balance if insurance does not cover additional fluoride treatment.**

I agree to have Fluoride

Parent/Guardian Signature: _____ Date: _____