



X-Ray Consent Form

X-rays are necessary to evaluate teeth and supporting bone structure prior to starting orthodontic treatment, as well as during the treatment process. They also help to determine if there are any abnormalities that may pose a risk during treatment or require extra planning, such as extra teeth, missing teeth, impacted teeth, periodontal disease, tumors, etc. Treatment may be denied if full diagnostics cannot be acquired.

X-rays use radiation which can be harmful in large quantities. Baptist Orthodontics follows all guidelines set forth by radiation protection organizations, ensuring that your dose of radiation never exceeds the recommended usage.

I consent to the diagnostic x-ray procedure(s) that Baptist Orthodontics deems necessary or advisable to form a proper diagnosis. I understand the purpose of these procedures and the risks involved.

Patient's Name (Printed): _____ Date: _____

Signature of Patient/Parent/Guardian: _____

PREGNANCY WARNING

X-rays are not advised for individuals in their 1st and 3rd trimester of pregnancy. The risk of injury to a fetus far outweighs the need for orthodontic diagnostics and treatment. Treatment can be deferred, or minimally invasive orthodontics performed until an x-ray can be acquired at a later date.

Are you currently pregnant or think that you could be pregnant? (Circle one) YES NO N/A