

Dental X-ray Consent Form

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Dental radiographs (x-rays) are an essential part of diagnosing and treatment planning. They help your dentist detect decay, infection or bone loss not visible during visual examination and allow for the evaluation of roots, jawbone and tooth development. We can only see 50% of your oral conditions without them.

Dental X-rays involve minimal exposure to radiation and are considered safe. Appropriate protective lead shields are always provided for you. We have a vested interest in taking only the necessary x-rays for both your health and ours. If you are or may be pregnant please inform the dental staff before the x-ray is taken.

We use digital x-rays in our office. Digital x-rays use 70% less radiation than traditional “film” x-rays and they are friendlier to the environment as there are no harsh chemicals to discard.

Types of X-rays:

Bitewing (routine check for cavities)

Periapical or PA (examines root or bone area)

Panoramic or PANO (full mouth/jaw image)

Consent and Acknowledgement

I understand the purpose, benefits and risks associated with dental x-rays. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I hereby authorize the dental team at the above-named clinic to take the necessary radiographs for diagnostic and treatment purposes.

Patient/Guardian Signature: _____ Date: _____