Consent for radiologic services and acknowledgement of the scope of services

Notice: The following is not intended as legal advice. Not all jurisdictions may recognize the ability to take diagnostic records without creating a duty to diagnose. Please check with a local attorney for confirmation.

I,(name of patier office) performing radiologic service(name of dentist	es as ordered and recor		
The risks of submitting to radiologic sidentist. I have discussed the need for the radiologic services recommended group) has made no recommendation radiologic services to be performed.	r these radiologic services by my dentist. I understa	with my dentist and agreed agreed agreed agreed and agreed ag	ee to undergo hodontist or
I understand that(name professional interpretation of the ramy dentist. I further understand will provide no treatment and will mastudies to either me or my dentist. I orthodontist or orthodontist's office) is outilize the radiologic equipment operated orthodontist's office). I hereby authorize group) to provide my radiologic studies professional interpretation.	diologic images obtained that Ike no recommendations funderstand that nly providing a technical served by	on the order and recomm(name of for treatment based on th vice to my dentist by allowin(name of o(name of o	nendation of orthodontist) ese radiologic (name of g my dentist to rthodontist or rthodontist or
I understand that my dentist will be office) for the provision of the techn dentist, and that I will be billed direct	nical service of obtaining	the radiologic services or	
Signature of Patient or Guardian	D	ate	
I have the legal authority to sign on bo	ehalf of:		
Name of patient			