## PRIME DENTAL CARE-USA NEW PATIENT EXAM AND X-RAY CONSENT FORM

## **Consent for Comprehensive Dental Exam and X-rays:**

I give my permission to take the necessary radiographs (x-rays), photographs, periodontal (gum) measurements and plaque specimen, charting of existing restorations, diagnostic casts (models of teeth), and bite records to provide data for the assessment of my dental health.

Furthermore, I authorize <u>Comprehensive Dental Exam and X-rays</u> of my dental condition including, but not limited to:

- \*American Cancer Society Head/Neck, (intra/extra oral) cancer screening
- \*TMJ evaluation
- \*Comprehensive Periodontal Exam and Periodontal Probing
- \*Complete inventory of existing restorations
- \*Radiographic evaluation of oral/head/neck structures as needed
- \*Evaluation of occlusion of teeth (how they come together)
- \*Evaluation of dental/facial esthetics using Extra/Intra Oral photographs as needed
- \*The development of a personalized life-long Treatment plan for your dental health.

Name:	
Signed:	Date:

## <u>Consent for Limited Exam& X-Rays and Informed Refusal Comprehensive Exam:</u>

I have been informed of the need for a comprehensive dental examination to fully assess my dental needs. I choose to decline this examination at this time and will be responsible for any ramifications due to my refusal of this service.

I do give permission to perform a problem focused Limited exam and x-ray limited to the evaluation of a specific Area or Tooth.

\*Due to the limited nature of this exam, I understand that Prime Dental Care USA Doctors & Team Members are not responsible for any other conditions or problems related to my dental health.

Name:	
Signed:	Date: