

AS4U0716 -Refusal of Digital Radiographs



Dentistry & Orthodontics

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A Smile 4U - Patient Refusal of Digital Radiographs

I, (name of parent or legal guardian if child under 18), voluntarily decline not to have diagnostic radiographs taken to provide the correct diagnosis and treatment of my dental problems. This is being done against the recommendation of the dentist.

I do not hold the dentist liable for any failure to diagnose, or any misdiagnosis due to the refusal of digital radiographs. I assume full responsibility for any conditions relating to my dental health that may have not been diagnosed or misdiagnosed due to lack of digital radiographs.

Patient/Parent/Legal Guardian Signature: _____