



Name: _____ Date of Birth: _____

Notice: X-rays and Insurance Coverage

We will recommend that certain x-rays be taken on a periodic basis as they provide important diagnostic information to detect early stages of decay and other oral diseases. Each insurance policy varies on coverage of x-rays, and the x-rays we recommend may not be covered by your insurance policy. We encourage you to know and be aware of the x-ray policy of your insurance carrier. If you should choose to decline having x-rays taken that we recommend for you, please notify us.

Signature: _____ Date: _____