

# FULL DENTAL

## Dental Consent for X-Rays Release

I \_\_\_\_\_ am aware in the event of requesting copy of my dental X-rays there is a fee charged for each X-ray.

The charges go as followed:

- **Panoramic:**      **\$100.00**
  
- **Full mouth:**      **\$50.00**
  
- **Individual:**      **\$10.00**  
  (1PA)
  
- **Basic:**            **\$40.00**  
  2PA's, 4Bitewings

All original X-Rays are property of the Doctor. As a patient you are entitled to a copy of any of the X-Rays taken to you. This also goes for patients that are insured. Your insurance pays for you to have this service done to you not to keep the original X-Rays.

As your Dental office we strive on keeping you aware of any fees or charges done in treatment.

By signing my name below, I certify that I have read and understand the above information. Any questions concerning these policies have been discussed.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date