



Consent for Diagnostic Record

I, _____, give my consent for __ myself __ son __ daughter
(print name)

_____, to have diagnostic x-rays, impressions, and photographs
(print name)

taken.

I have been given the explanation of each procedure that is to take place. I understand that the forenamed procedure is necessary for the doctor to make a complete diagnosis.

These records may be used in board recertification, educational purposes such as professional case presentations, or office promotional material. _____ (initial)

Signature of patient

date

Signature of parent or legal guardian

date