

INFORMATIONAL USE ONLY

LIABILITY WAIVER

On _____, 19__ in the course of a dental examination performed by Dr. _____, I was informed of the need for necessary diagnostic x-rays. I have voluntarily elected not to have this diagnostic function performed. This is being done against the recommendation of the above named attending dentist. I do not hold the above named dentist liable for any failure to diagnose, or any mis-diagnosis due to a lack of the recommended diagnostic x-rays. My reason for not permitting these x-rays to be taken is

_____.

I assume full responsibility for any conditions relating to my dental health that may have been diagnosed had the recommended x-rays been taken.

Signature

Date