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Cosmetic & Family Dentistry

Panoramic X-Ray Consent Form

During your comprehensive visit, we highly recommend an additional Panoramic X-ray. This X-Ray allows us to see any possible signs of bony diseases, cysts, or tumors in your jaws. These conditions typically start in the back areas of the lower jaw and can only be viewed with this type of X-ray. This X-Ray also allows us to examine your TMJ (temporal-mandibular joint) to ensure there are no signs of abnormalities in your joints. This enables us to do a comprehensive radiographic examination (thorough x-ray exam).

This X-Ray is recognized by the American Dental Association code committee as CDT-9 procedure code D0330. The fee for this X-Ray is \$65 dollars and is sometimes covered by your insurance. As we all know, insurance companies always have their own agenda in what *they choose* to cover and not cover. However, It is my office policy to provide Individual needs- based care and not Insurance dictated care. Therefore, we choose to participate in accepting their benefits, but we do not choose to follow their guidelines when it comes to examining our individual patients!

I have read and understand the importance of this X-ray _____

Print Name

Sign & Date

Check One:

I agree to this additional X-ray and accept financial responsibility _____

I do not agree to this additional X-ray at this time _____