Walnut Dental

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Radiography Refusal Form

I, Born On:

Residing at

Have requested my dental practitioner to perform the following treatment with my express permission without having any X-rays. I am happy to proceed despite being advised to have an X-ray. Should any dental health problem arise due to my refusal to have an X-ray, I will not hold the dentist responsible financially for any treatment I require.

Please write in block capitals below the treatment/s being undertaken without X-rays:

Patient Name

Dentist Name

Patient Signature

Dentist Signature

Date

Date