

CONSENT FOR ROUTINE PERIODIC EXAMINATION, X-RAYS, AND CLEANING

It has been explained to me that dental x-rays (radiographs) are necessary for the doctors to make a complete and accurate diagnosis of my current dental health. The ADA recommends that bitewing x-rays be taken every 1-2 years depending upon one's risk for cavities. I consent to having x-rays taken.

I consent to having a periodic dental examination. This examination will include a review of my current medical history and any medications I am taking, a blood pressure reading, any necessary dental x-rays, oral cancer screening, periodontal charting, and necessary intra/extra oral photos. I have been informed that the Texas State Dental Board requires that I have an exam annually in order to receive any routine or advanced hygiene treatment by the hygienist. _____

I understand that the long-term status of my oral health is greatly dependent upon my consistent preventive care in the way of routine cleanings and excellent homecare (ie: brushing, flossing, use of the Waterpik and any adjunctive oral hygiene products/aids recommended by my provider). I consent to having routine prophylactic/periodontal maintenance cleaning by the hygienist where tartar, plaque and stain accumulation will be removed from the coronal surfaces with the use of the ultrasonic scaler, hand instruments, polishing paste, and floss. I understand that my provider may recommend a more frequent health maintenance interval as indicated by my current oral condition (ie, presence of bleeding, subgingival tartar, medical history, and heavy plaque and tartar accumulation).

Patients Name
(please print)

Doctors Name
(please print)

Date

Signature of
Patient, or
Guardian

Witness Name
(please print)