

X-RAY CONSENT

It is recommended that children have check-up (bitewing) x-rays at each 6 month recall appointment. This is required so that the doctor is able to diagnose any new decay in your child's mouth since their last visit. The policy holder is responsible for outstanding balance if insurance does not cover additional set of x-rays.

- I want to be aware of any possible changes in the health of my child's teeth and would like x-rays taken **every six months**.
- I **only want x-rays taken once a year**. I understand that decay may be present that cannot be detected, which may result in more extensive fillings or crowns being required after their appointment.
- *I was informed what my insurance frequency limitations are*
Please Initial _____

FLUORIDE CONSENT

It is the policy of the doctor to apply a fluoride application to your child's teeth at each six month recall appointment. This is required to help prevent the chance of decay. Some insurance companies allow for fluoride at each of their recall appointments, while others have a frequency limitation, only paying for fluoride once a year.

- I want fluoride applied to my child's teeth at every **six months**.
- I **only want fluoride once a year**. I am aware that the lack of fluoride may help to promote tooth decay.
- *I was informed what my insurance frequency limitations are*
Please Initial _____

Child's Name

Child's Name

Child's Name

Child's Name

Parent's Signature

Date