OAKLAND ORTHODONTICS

NOTICE: THE FOLLOWING IS NOT INTENDED AS LEGAL ADVICE. NOT ALL JURISDICTIONS MAY RECOGNIZE AN ABILITY TO TAKE DIAGNOSTIC RECORDS WITHOUT CREATING A DUTY TO DIAGNOSE. PLEASE CHECK WITH A LOCAL ATTORNEY FOR CONFIRMATION.

CONSENT FOR RADIOLOGIC SERVICES AND ACKNOWLEDGEMENT OF SCOPE OF SERVICES

I, _____ (name of patient), hereby consent to Oakland Orthodontics performing radiologic services as ordered and recommended by Oakland Orthodontics.

The risks of submitting to radiologic services, including x-rays, have been fully explained to me by my dentist. I have discussed the need for these radiologic services with my dentist and agree to undergo the radiologic services recommended by my dentist. I understand Oakland Orthodontics has made no recommendations regarding the need for these radiologic services or the type of radiologic services to be performed.

I understand that Oakland Orthodontics will provide **no professional interpretation** of the radiologic images obtained on the order and recommendation of my dentist. I further understand that Oakland Orthodontics will **provide no treatment and will make no recommendations for treatment** based on these radiologic studies to either me or my dentist. I understand that Oakland Orthodontics is only providing a technical service to my dentist by allowing my dentist to utilize the radiologic equipment operated by Oakland Orthodontics. I hereby authorize Oakland Orthodontics to provide my radiologic studies and related health care information to my dentist for his/her sole professional interpretation.

I understand that my dentist will be billed by Oakland Orthodontics for the provision of the technical service of obtaining the radiologic services ordered by my dentist, and that I will be billed directly by my dentist for these services.

_____ _____

Signature of Patient or Guardian Date

I have the legal authority to sign on behalf of:

_____

Name of Patient

_____

Relationship to Patient