

**ENDODONTIC SPECIALTY  
& IMAGING CENTER**

**Dr. Batniji & Associates**

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**AUTHORIZATION AND RELEASE FOR PERFORMANCE OF DIAGNOSTIC  
RADIOGRAPHIC PROCEDURES**

You have the right to be informed about your condition and the recommended treatment plan to be used so that you may make an informed decision as to whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but is rather an effort to properly inform you so that you may give or withhold consent.

**PROCEDURE:** I hereby freely and willingly consent for **Endodontic Specialty & Imaging Center** or any trained dentist or staff member who is working with them to perform the following radiographic procedure:

- Cone Beam Computed Tomography
- Panoramic Radiograph

A number of x-rays will be taken, depending on the procedure necessary to provide your referring dentist with additional information. You will not experience any discomfort during the examinations. You will be provided with a CD with your 3D images for you to take to your referring dentist.

**PREGNANT WOMEN:** For women, if you are pregnant or unsure if you are pregnant, you will be given the option not to have X-rays taken due to the unknown risks of the embryo or fetus from the X-rays.

**RISKS:** Certain inherent and potential risks in the use of radiation will be minimized by the use of a highly collimated X-ray beam, the latest technology in X-ray detectors and the use of lead aprons. The potential long term risks to you or any unborn child from these X-ray doses are uncertain, but these doses have never been associated with any definite adverse effects. The radiation you get from each X-ray is the same amount of radiation that you get from the atmosphere in approximately two days, thus the risk to you is minuscule, and within the National Institute of Health Radiation Safety Guidelines for patients. \_\_\_\_\_

**GUARANTEE:** No guarantee or assurance has been given to me that the proposed radiographic examination will be completely diagnostic to my complete satisfaction. We do not guarantee that we will be able to provide the referring dentist with all the radiographic information possible from this radiograph. Due to individual patient differences, there exists a risk of not being able to provide an ideal X-ray for each procedure. In order to achieve adequate information from good quality radiographs, a number of radiographs may have to be repeated. There is no additional cost to you for the extra radiographs. \_\_\_\_\_

**REFUSAL OF PROCEDURE:** Your decision to undergo this radiographic examination is voluntary. You may refuse to participate. However, you should be aware that this procedure has been requested to provide the referring dentist additional information on your condition which is not available clinically. Refusal for the procedure will result in lack of information which could result in a less than optimum treatment for your condition.

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Patient's or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date