



**iSMILES**  
KIDS DENTISTRY  
AND ORTHODONTICS

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

To assist us in the radiologic assessment of your condition please provide answers to the following questions:

Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Reason for X-ray: \_\_\_\_\_

Any history of trauma to your head, neck or shoulders? \_\_\_\_\_

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 your consent.

PROCEDURE - I willingly consent for Dr. Brandon Hoang/iSmiles or any trained radiographer or dentist who is working with him to perform the following radiographic procedure for 2D or 3D image.

### **Reconstruction**

You should not experience any discomfort during the examination. You have an option to have x-rays evaluated by a radiologist for interpretation at an extra cost of \$90. Each radiograph has a full written report provided to the referring clinician and requires time. Therefore no comment will usually be made by us at the time of your procedure. If you refuse report, you will remove Dr. Brandon Hoang/iSmiles from any liability.

**Accept report and \$90 fee x \_\_\_\_\_ Refuse report and remove liability x \_\_\_\_\_**

RISKS - Dr. Brandon Hoang has explained to me that there are certain inherent and potential risks in the use of radiation, and that in this specific instance such risks have been 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 about the same amount of radiation you get from the atmosphere in approximately 2 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 don't guarantee that we will be able to provide the clinician 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 procedure.

PREGNANT WOMEN - If you are a woman, you will be questioned regarding pregnancy. If you are pregnant, or you are unsure if you are, you will be given the option not to have X-rays taken due to the unknown risk to the embryo or fetus from the X-rays.

REFUSAL OF PROCEDURE - Your decision to undergo this radiographic examination is voluntary. You may refuse to participate or discontinue participation at any time. However, you should be aware that this procedure has been requested to provide the referring clinician 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.

PAYMENT -iSmiles fees are normally payable in advance. I authorize iSmiles to release any information and records concerning my treatment as may be necessary to process insurance claims or payment for the care and treatment provided.

**Authorization to Bill Insurance with NO out of pocket expense for records X \_\_\_\_\_**

ADDITIONAL QUESTIONS – All questions have been answered in a language that you can understand. If you have any further questions now, feel free to ask. Dr. Brandon Hoang. He is available at 951-273-9992 option 2 if you have questions in the future.

Patient's (or legal guardian's) signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date \_\_\_\_\_