

X-RAY INFORMATION



X-rays provide invaluable information to Dr. Gage for diagnosing and treatment planning. To provide a comprehensive examination, x-rays are required. There are a variety of x-rays; each provides a variety of information. Dr. Gage will recommend x-rays based on your individual needs.

Our x-ray system is digital which results in the lowest possible exposure to radiation. We are able to view the images immediately.

Insurance companies limit the types and the frequency that some x-rays are taken. It is our responsibility to provide a comprehensive evaluation to you. By limiting the allowance of x-rays, Dr. Gage cannot present a complete evaluation to you. If there are x-rays recommended to you that are declined, we will require a signed release of liability from you stating that you fully understand that there are conditions that cannot be diagnosed without them.

I have read the information regarding x-rays and fully understand Dr. Gage's philosophy. I understand that my insurance company limits frequency of some types of x-rays and if I am in a situation that requires services not covered, I will be responsible for the fees associated with the service.

Patient Signature: _____ Date: _____

PHOTO RELEASE

In our office, we like to photograph our patients to aid Dr. Gage in determining dental problems and the solutions/treatment options for them. Dr. Gage sometimes uses the photographs, with the patient's permission, to prepare presentations that teach students about dental health. We also use a photo to attach to your personal chart.

Authorization & Release:

I hereby authorize Dr. Gage to use photos of my face, jaws, and teeth. I understand that the photos may be used as a record of my care and may be used for educational purposes in lectures, demonstrations, and advertising. (Including website, magazines, phonebooks, television) and professional publications. I further understand that if my photos are used in any way described above that my name and identifying information will be confidential. I do not expect compensation for use of these photos.

Patient Signature: _____ Date: _____