

# NORTHBRIDGE SMILES

1167 PROVIDENCE RD WHITINSVILLE MA 01588  
(508) 444 0110

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## INFORMED REFUSAL X-Ray Consent Withheld

I have voluntarily elected not to have radiographs taken to help with the diagnosis and treatment planning of my dental condition. This is being done against the recommendation of my dentist. I do not hold my dentist liable for any failure to diagnose, or any misdiagnosis due to lack of the recommended x-rays. I assume full responsibility for any conditions relating to my dental health that may not have been diagnosed or misdiagnosed due to lack of radiographs.

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

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_