**RADIOGRAPHY PATIENT INFORMATION AND CONSENT FORM**

Radiographs may be required at the beginning of treatment, during treatment and after treatment for control purposes in order to examine the tooth and surrounding tissues in detail.

In dental clinics, periapical, occlusal, bitewing, panoramic, joint, jaw and head x-rays can be taken or requested using x-rays. The number of x-rays to be ordered or taken is determined by your physician.

The x-rays used in X-rays are harmful to living tissue. For this reason, your physician will order or take the minimum number of x-rays required for your diagnosis, treatment planning, follow-up of your treatment stages and control purposes.

It is your obligation to inform your physician and X-ray staff if you are pregnant or if you suspect pregnancy. X-rays during pregnancy and in cases of suspected pregnancy are risky for the foetus. Female patients between the ages of 16-49 must inform their physician that they are not pregnant.

**I HAVE READ THIS FORM AND UNDERSTOOD ALL TERMS AND WORDS IN IT.**

**Date**:

(Please write in handwriting: I have read, I understand, I accept)

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**Signature:**

**Signature:**

**Patient's Name-Surname:**

**Patient's Parent/Guardian Name-Surname:**