



noble
 PEDIATRIC DENTAL
 Gentle Care From the Start

Dr. Jaclyn Kachurak, DDS

info@noblepediatricdental.com

(513) 514-8440

DECLINATION OF RADIOGRAPHS

I have been advised to take x-rays for my child _____ on
 ____/____/____. I understand that they may have active dental caries in their
 mouth, but without proper diagnosis it may not be detected. The potential risks of
 not taking x-rays have been explained to me by the doctor and/or staff, and I am
 electing not to have the x-rays taken at this time.

 Patient Name

Responsible Party's Signature

Date

 Attending Dentist's Signature

OFFICE USE:

STAFF _____