



Stonegate Dental
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X-RAY LIABILITY WAIVER

On _____, during the course of dental examination performed by Dr. Dallas C. Brimhall, I was informed of the need for necessary diagnostic x-rays. I have voluntarily elected not to have this diagnostic function performed. This is being done against the recommendation of my dentist. I do not hold Stonegate Dental liable for any inability to diagnose or misdiagnose due to lack of recommended diagnostic x-rays.

I assume full responsibility for any condition relating to my dental health that may be diagnosed had the recommended x-rays been performed.

Patient Name (printed) _____

Patient Signature _____

Date _____

Witness Name (printed) _____

Witness Signature _____

Date _____