

**X-Ray Policy**

X-rays are taken as deemed necessary by Dr. Pontious to accurately diagnose your dental needs. Bitewing x-rays are to be taken once a year with your routine cleaning. A full mouth x-ray and/or a panoramic are to be taken once every five years. If you refuse x-rays requested by Dr. Pontious or his staff, this will not allow us to properly diagnose you and you will be dismissed from our office.

I agree to the x-ray policy.

Signature \_\_\_\_\_

**HIPPA-ACKNOWLEDGEMENT FORM**

I have had the opportunity to review the HIPPA Notice of Privacy Practices and I agree to the terms. (Not printed, please ask for a copy if you would like one)

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

Name (printed): \_\_\_\_\_

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

As part of HIPPA, we need your permission to speak with anyone concerning your dental care and/or financial status. Please list the names of those below:

\_\_\_\_\_

\_\_\_\_\_