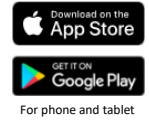


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# Radiograph and Fluoride Consent Form

I \_\_\_\_\_ parent of \_\_\_\_\_ consent Dr. Galliani / Dr. Rosenberg from

Growing Smiles of Northern Virginia to (check one below):

**Not take** dental radiographs of my child


**Take** dental radiographs of my child

I understand that a complete diagnosis cannot be accomplished without radiographs since we cannot see some areas of the mouth clinically (especially areas in between the teeth). I am also aware Dr. Galliani / Dr. Rosenberg is not going to be able to diagnose certain dental pathologies or anomalies found in radiographs (Not limited to extra teeth, missing teeth, cysts, etc.)

**Apply Fluoride?**    **Yes**                      **No**

The application of Fluoride is recommended by our doctors every 6 months to strengthen the enamel and to reduce the risk of cavities.

### Signature of Patient or Guardian:

Date: \_\_\_\_\_ Click  icon on the toolbar to add the digital signature. \_\_\_\_\_