

**Holdbrook**  
PEDIATRIC DENTAL  
LLC



## X-RAY REFUSAL FORM

I, \_\_\_\_\_, parent/ guardian of \_\_\_\_\_  
requested that the following proposed radiograph(s):

\_\_\_\_\_ not be taken. I realize proper diagnosis  
of any cavities, cysts, abscessed teeth, tumors, bone loss, or any other conditions not otherwise  
mentioned cannot be made without these x-rays being taken. I hereby release the attending  
dentist and Holdbrook Pediatric Dental of Princeton LLC from any liability for undiagnosed  
conditions.

Patient (Parent/Guardian) Signature: \_\_\_\_\_

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

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