



RODNEY KIHARA, DDS

Serving the Sierra Foothills Since 1996

1284 HIGH STREET | AUBURN, CA 95603 | (530) 888-1966

VOLUNTARILY ELECTION TO NOT HAVE DENTAL DIAGNOSTIC X-RAYS AND LIABILITY WAIVER

I, _____ (PRINT NAME) VOLUNTARILY ELECT TO NOT HAVE DENTAL DIAGNOSTIC X-RAYS.

IN THE COURSE OF A DENTAL EXAM PERFORMED BY RODNEY KIHARA, DDS, I HAVE BEEN INFORMED OF THE NEED FOR DENTAL X-RAYS. NOT COMPLETING X-RAYS TODAY IS AGAINST THE RECOMMENDATION OF RODNEY KIHARA, DDS.

I DO NOT HOLD DR. RODNEY KIHARA OR ANY OF HIS STAFF MEMBERS LIABLE FOR ANY FAILURE TO DIAGNOSE OR ANY MISDIAGNOSES DUE TO THE LACK OF RECOMMENDED X-RAYS. _____ (INITIAL)

I ASSUME FULL RESPONSIBILITY FOR ANY CONDITIONS RELATING TO MY DENTAL HEALTH THAT MAY HAVE BEEN DIAGNOSED HAD THE RECOMMENDED X-RAYS BEEN TAKEN. _____ (INITIAL)

_____ (SIGN) _____ (DATE)

_____ (W. SIG) _____ (DATE)