



RADIOGRAPHS AND PHOTOGRAPHS

At Windmill, we use a digital x-ray system to look for cavities, evaluate the bone level and quality, evaluate existing restorations, check for abnormalities, and to get a good overall image of your oral health. Radiographs are essential to guide us in learning about your mouth and its current state. We will take radiographs at regular intervals depending on what the dentist determines is best for your situation, and as necessary for follow up treatment. Digital radiographs are quick and give us an immediate image, removing the need to wait for processing or developing of the film. They also have the benefit of providing a much lower level of radiation than traditional film radiographs.

For every comprehensive exam, we will take a full set of films. You are welcome to provide us with films that you may have from a previous office, and if those x-rays are sufficient, we will store those and only take additional films as needed. We will be able to determine which images are needed off of those films, and we will let you know if anything additional is required. We will not do a comprehensive or emergency exam without x-rays, because they are required for complete evaluation, and they are the standard of care for dentistry.

We also will take photographs of you and your mouth for the examination. Photographs are a wonderful tool to help us learn about your mouth, and they will help you also know what is taking place in your mouth, or what the work is that we will be doing. We do not share these images without your permission, and you will always know if we have any reason to share your information; it will only take place with your approval. At times, we do need to send images for communication with other doctors or for communication with the lab for many cases, and we will let you know about this prior to submitting the images to our referring partners.

Please sign below that you understand that we will be taking radiographs and photographs to complete your examination.

Name _____
Signature (or parent if minor) _____
Date _____



HIPAA

We will not disclose any of your personal or private health information to others without your permission, except in extreme circumstances. We honor and respect your privacy, and will not share any of your information. In the event that we do need to share information to communicate with others outside of this office, you will be made fully aware, and this notice will serve as your acknowledgement. If there is an individual who you would authorize us sharing your information with, please list them below.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received notice of and understand Windmill Family Dental's Privacy Practices.

I authorize Windmill Family Dental to disclose my health information to _____ (your approved individual) if necessary.

Name _____

Signature _____

Date _____

Dr Signature _____