

Consent for X-rays and Diagnostic Procedures for patients coming to India for treatment

## **CONSENT FOR X-RAYS AND DIAGNOSTIC PROCEDURES**

I, [Patient's Full Name], hereby consent to undergo X-rays and other diagnostic procedures as deemed necessary by Simpladent Clinics, herein referred to as the "Clinic," as part of my dental treatment.

### **1. Purpose of X-rays and Diagnostic Procedures**

I understand that X-rays and diagnostic procedures are essential for accurate diagnosis and treatment planning. These procedures may include but are not limited to:

- Intraoral X-rays
- Panoramic X-rays
- Cone-beam computed tomography (CBCT)
- Dental impressions
- Photographs

### **2. Risks and Benefits**

I have been informed of the potential risks and benefits associated with X-rays and diagnostic procedures, including but not limited to:

#### **Benefits:**

- Accurate diagnosis of dental conditions
- Effective treatment planning
- Improved treatment outcomes

#### **Risks:**

- Exposure to ionizing radiation (for X-rays)
- Discomfort or minor inconvenience during procedures
- Potential need for additional diagnostic tests

### **3. Alternatives**

I understand that alternative diagnostic methods may be available, but I have chosen to proceed with the X-rays and diagnostic procedures recommended by the Clinic.

### **4. Confidentiality**

I acknowledge that the results of these diagnostic procedures are considered confidential medical records, and the Clinic will maintain the confidentiality of my information in compliance with applicable laws and regulations.

**5. Consent**

I consent to the performance of X-rays and diagnostic procedures by the Clinic's dental professionals or authorized personnel.

**6. digital consent.**

By clicking yes, I acknowledge that I have read and understood the information provided in this consent form and agree to undergo X-rays and diagnostic procedures as described.

