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**Cone Beam 3-D Imaging Dental Examination Informed Consent**

I understand that the Carestream Cone Beam 3-D Imaging (hereafter referred to as Cone Beam) dental examination is a diagnostic procedure intended solely to facilitate diagnosis of my dental condition, my dental care and any dental treatment.

I understand that the Cone Beam dental examination may or may not reveal coincidental medical findings unrelated to my dental condition, dental care and dental treatment.

Because the Cone Beam dental examination may or may not reveal coincidental medical findings unrelated to my dental condition, dental care and dental treatment and beyond the scope and purpose of my dental condition, dental care and dental treatment, I understand that I may request a copy of the Cone Beam dental study for a physician, other than The Doctors of The Endodontic Group.

The purpose, scope and limitations of the Cone Beam dental examination have been explained to me and I understand them. All of my questions if any have been answered to my satisfaction.

I understand and agree to undergo a Cone Beam dental examination performed by The Endodontic Group as part of my dental care and treatment.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

I understand that the \$282.00 charge for the Cone Beam dental exam is due the day of the scan.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date