

Diagnostic X-Rays are Required

Sample Letter

Date

Patient's name and address

Dear (name of patient):

As we discussed, I have a duty to give my patients the best dental care I can by following the appropriate standards of care. My goal is to obtain optimum use of radiography based on patient signs, symptoms, and history without unnecessary patient exposure. Each patient is unique and his/her need for x-rays is determined by the condition of his/her teeth and gums. The individual's need is determined by my clinical judgment combined with the written recommendations established by an expert dental panel under the sponsorship of the Food and Drug Administration (FDA).

X-rays are an important diagnostic tool because of their ability to show what is undetectable to the naked eye or to instrument probing. A comprehensive dental treatment plan cannot be successful without x-rays at appropriate times. It is in your best interest and within my clinical judgment that you be treated properly with the use of diagnostic x-rays.

I appreciate your concerns about the potential risks from radiation exposure, but I believe continuing improvements in technology have significantly reduced radiation exposure. The benefits of dental x-rays to promote adequate and quick diagnosis outweigh the potential adverse effects.

Your next appointment is scheduled for **(date & time)**. Should you agree to allow the necessary x-rays to be taken at that visit, we will see you at your scheduled appointment. However, should you choose not to have the x-rays taken, it will be necessary for you to transfer to another office. I will be available to see you for emergency care only for the next **(30, 60, or 90)** days, until **(date)** while you find another dentist. The **(local)** Dental Society at **(phone number)** can assist you in finding another dentist.

If you choose to continue your treatment elsewhere, upon receipt of your written authorization, our office will copy your records and send them to the dentist you designate.

Very truly yours,

Signature

DENTIST'S NAME

COPY TO BE PLACED IN PATIENT'S CHART