



Aspen Springs Dental  
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**X-RAY LIABILITY WAIVER**

On \_\_\_\_\_, during the course of dental examination performed by Dr. Landon Blatter, I was informed of the need for necessary diagnostic x-rays. I have voluntarily elected not to have this diagnostic function performed. This is being done against the recommendation of my dentist. I do not hold Aspen Springs Dental, liable for any inability to diagnose or misdiagnose due to lack of recommended diagnostic x-rays.

I assume full responsibility for any condition relating to my dental health that may be diagnosed had the recommended x-rays been performed.

Patient Name (printed) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Name (printed) \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_