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Patient Consent Form for Imaging and Records

Fields marked with a red * are required.

Purpose:

To obtain your consent for capturing, storing, and using dental images (e.g., X-rays, intraoral photographs) and treatment records for the following purposes:

- Diagnosis and treatment planning
- Ongoing medical records
- Specialist consultations (where needed)
- Regulatory compliance and legal requirements

Your Rights:

- Your images and records will be kept confidential and secure.
- You may request access to your images.
- You may withdraw your consent at any time, subject to legal and professional obligations.

Consent:

I hereby consent to the collection, storage, and use of my dental images and records as outlined above.

Patient Full Name*

_____

File Number/ID (if available)*

_____

Signature* **Date***

_____ _____

Witness (Clinic Staff)*

_____

Designation* **Signature***

_____ _____