

Family Smile Center, LLC
5950 Frederick Crossing Lane, Suite 201
Frederick, MD 21704
301-663-9484

WAIVER FOR CLEANING AND EXAM ONLY

I, _____, wish to have a simple Prophy
(Cleaning) and an Exam done on (list names):

at the office of Family Smile Center, LLC at this time. I do not wish to have x-rays taken on the above named although this is highly recommended for a comprehensive dental visit. I understand that any dental problems that the above named may have could go undetected and may become serious. Furthermore, the responsibility for any dental problems rest solely upon myself, and the above named, not Family Smile Center, LLC or its staff members.

SIGNATURE: _____ DATE: _____