

Pre-Dental Extraction/X-ray Consent Form

If a tooth appears severely diseased, a dental radiograph (x-ray) will be taken to determine if an extraction is necessary. The cost of the x-ray is \$25.00.

___ Yes, I authorize teeth extractions if deemed necessary after x-rays are taken.

___ No, I decline teeth extraction.

___ Please call me at _____ before extracting teeth.

___ I would like a set of FULL MOUTH dental radiographs (x-rays) taken on my pet to determine if there is any disease below the gumline and as a baseline for future dental procedures. The cost is \$85.00.

Signature: _____