

Elizabeth Spannhake, DDS, PA
7801 York Road, Suite 315, Towson, MD 21204
419 Malcolm Drive, Suite C, Westminster, MD 21157

DATE: _____

PATIENT NAME: _____

I give consent for Elizabeth B. Spannhake, DDS, PA's dental office to take any necessary diagnostic radiographs. This is to verify that the above named patient does not have any health conditions (including pregnancy) that prevent x-rays from being taken.

Patient's Signature (if over 18)

Parent/Guardian Signature
(if patient is under 18)

Print Name