

QUASHA FAMILY DENTISTRY

Intraoral Photography Consent & Financial Acknowledgment

Patient Name: _____

Date of Birth: _____

Date: _____

At Quasha Family Dentistry, intraoral photographs are a mandatory part of your dental examination and cleaning visit. These photographs allow Dr. Quasha to properly evaluate your oral health, identify areas of concern, monitor changes over time, and provide the most accurate diagnosis and treatment recommendations.

Please be advised that dental insurance companies generally do not cover the cost of intraoral photography. Therefore, a fee of \$35.00 will be charged for this service.

By signing below, I acknowledge and understand that:

- Intraoral photographs are a required part of my dental examination and cleaning visit.
- The photographs assist Dr. Quasha in diagnosing and documenting my oral health condition.
- The \$35.00 intraoral photography fee is not covered by dental insurance and is my financial responsibility.
- I authorize Quasha Family Dentistry to take and maintain intraoral photographs as part of my dental record.

I have had the opportunity to ask questions and understand the purpose of this service.

Patient/Responsible Party Signature: _____

Printed Name: _____

Date: _____

Office Representative: _____

Date: _____

Important: The \$35 intraoral photography fee will be collected at the time of service and is not billable to insurance.

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