

THE FACIAL SURGERY CENTER

ORAL-FACIAL & DENTAL IMPLANT SURGERY

EDWARD J. HALUSIC, D.M.D.
CHRISTIAN A. MOORE, D.M.D., M.D.

Date:

Patient Name:

A panoramic X-ray is needed for diagnostic and treatment purposes. I understand that refusal of an X-ray may impact my treatment at The Facial Surgery Center.

Patient's Signature

Date

Employee's Signature

Date