

Kincorth Dental Practice

Cone Beam CT: Service Level Agreement

For the Referral of Patients for Dental Cone Beam CT Examinations

Referring practice		CBCT practice	
Address		Address	Kincorth Dental Practice Kincorth Shopping Centre, Unit 4, Aberdeen, AB12 5BT
Tel		Tel	01224 872 684
Email		Web Contact	Via Valident secure forms
Name of legal person*		Name of legal person*	Athanasios Mytoglou

Referral criteria for dental CBCT

The document specified here will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental CBCT examination:

http://www.sedentext.eu/files/radiation_protection_172.pdf

Entitlement of people

Enter below the details of all people at the referring practice who will refer patients for dental CBCT examinations and/or report on dental CBCT images. Evidence of training meeting the requirements of the PHE/BSDMFR Core Curriculum in Dental CBCT must be provided.

For completion by referring practice				For completion by CBCT practice	
Names	GDC/GMC Registration number	IRMER17 roles (tick)		Training OK?	Registration OK?
		Referrer	Operator (reporting)		

Signatures of agreement

We the undersigned agree: (1) to use the referral criteria above; (2) that evidence of adequate training has been provided for each of the people named above appropriate to their IRMER17 roles; (3) that adequate information will accompany each referred patient to allow the justification process to proceed, as set out in the standard imaging referral form attached.

(4) When scanning guides are used, these guides will be prepared in advance by the referring dentist and given to the patient to bring to the scan appointment. The results of the scan will be returned on a flash drive given to patient.

(4) The HPA CRCE-010 guidelines suggest that attendance of a CBCT Training Certificate Course is deemed a regulatory requirement for all users of CBCT systems, including those who are simply referring patients for the acquisition of a CBCT image. I accept that it is my responsibility to obtain the necessary qualification in order to refer and evaluate the data requested by me and provided by Kincorth Dental Practice. Alternatively, I will arrange for a Consultant Radiologist to rule out coincidental pathology.

(5) IRMER 2017 Regulations: Kincorth Dental Practice will not report on scans or radiographs. To comply with the IRMER 2017 Regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. Kincorth Dental Practice and the Operator will not be responsible for assessing the scan for the suitability of treatment or for ultimately identifying and referring pathology; by referring the patient I am accepting this responsibility. I hereby authorise Kincorth Dental Practice to carry out a 3D CBCT on my behalf.

For the referring practice		For completion by CBCT practice	
Name of legal person*		Name of legal person*	Athanasios Mytoglou
Signature		Signature	
Date		Date	

* The 'legal person' is the person/body corporate that takes legal responsibility for implementing the Ionising Radiations Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017 within the practice.