Cone Beam CT: Service Level Agreement

For the Referral of Patients for Dental Cone Beam CT Examinations

Referring practice

Practice Address

Practice Phone Number

Practice Email

Name of legal person*

CBCT practice

Practice Address

32a Warrior Square

St. Leonards on Sea

TN37 6BS

Practice Phone Number

01424 423033

Practice Email

Warriorsquare.stleonards@nhs.net

Name of legal person*

Mohammed Malas

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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:

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 Registration number	IRMER17 roles (tick)		Training OK?	Registration OK?
		Referrer	Operator		

Please indicate if a report is required, we can provide a written report on request (At an extra charge).

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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.

For the referring practice

Name of legal person*

Signed

Dated

For the CBCT practice

Name of legal person*

Signed

Dated

* 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.