

## Service-Level Agreement

### Service-Level Agreement for the Referral of Patients to Cygnet House Dental Studio for Dental Cone Beam CT Examinations

Address of CBCT practice: Address of referring practice:

Grace Swan Close, Hundleyby, Spilsby Lincs, PE23 5LT

Tel: 01790 755312

Tel:

Email: cygnethousedentalstudio@hotmail.co.uk

Email:

Name of legal person\*: Dr Dimitrios Sourtzis

Name of legal person\*:

#### Referral criteria for the dental CBCT:

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

Name of document: SEDENTEXCT final guidelines, March 2011, Chapter 4

#### Entitlement of persons

Enter below details of all persons at 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 HPA/BSDMFR Core Curriculum in Dental CBCT must be provided.

For Completion by referring practice:			For Completion by CBCT Practice:	
Name(s):	GDC/GMC Reg No.	IRMER Roles (tick)	Training OK?	Registration OK?
		Referrer    Operator (reporting)		

Signatures of agreement:

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

For the CBCT practice:

For the Referring practice:

Name of legal person\*:

Name of legal person\*:

Signature:

Signature:

Date:

Date:

\*The "legal person" is the person/body corporate that takes legal responsibility for the implementing the Ionising Radiations Regulation 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 within the practice.

## **EADMFR Basic Principles for the Use of Dental CBCT – Sections Relevant to Referral/Justification**

**The following text is extracted from the Basic Principles for Use of Dental Cone Beam CT: Consensus Guidelines of the European Academy of Dental and Maxillofacial Radiology (EADMFR)**

This is an abridged form of the Basic Principles, which together with the Provisional Guidelines, are intended to provide interim guidance on referral criteria relevant to dental CBCT examinations. For more detailed information on this subject readers are strongly recommended to refer to the full version of the Provisional Guidelines which are available for free download from the homepage of the SEDENTEXCT website (see <http://www.sedentext.eu/>).

### **Summary of SEDENTEXCT Basic Principles relevant to Referral/Justification**

1. Dental CBCT examinations must not be carried out unless a history and clinical examination have been performed.
2. Dental CBCT examinations must be justified for each patient to demonstrate that the benefits outweigh the risks.
3. Dental CBCT examinations should potentially add new information to aid the patient's management.
4. Dental CBCT should not be repeated 'routinely' on a patient without a new risk/benefit assessment having been performed.
5. When accepting referrals from the other dentists for CBCT examinations, the referring dentist must supply sufficient clinical information (results of history and examination) to allow the CBCT Practitioner (IRMER practitioner) to perform the Justification process.
6. Dental CBCT should only be used when the question for which imaging is required cannot be answered adequately by lower dose conventional (traditional) radiography.
7. Where it is likely that evaluation of soft tissues will be required as part of the patient's radiological assessment, the appropriate imaging should be conventional medical CT or MR, rather than dental CBCT.