

Service-Level Agreement for the referral of patients to Coatbridge Family Dental Care for Dental Cone Beam CT Examinations

This agreement is between:

Coatbridge Family Dental Care

Tel: 01236 421 103

Email:

coatbridgefamilydentalclinic.sms@nhs.scot

The Clinician

Name:

Address:

Tel:

Email:

GDC No:

Justification:

- I agree to use the referral criteria as per the European Guidelines: Radiation Protection No. 172 and provide adequate clinical information in order for each examination to be justified.

Reporting:

Coatbridge Family Dental Care does NOT offer a reporting service. Please tick one of the following reporting options:

- I will report my Cone Beam CT scans acquired at Coatbridge Family Dental Care. I confirm that I am adequately trained to interpret cone beam CT scans as per HPA-CRCE-010-Guidance on the safe use of Dental Cone Beam CT. I will ensure that my training remains up to date.
- I will make my own arrangement for the reporting of my Cone Beam CT scans acquired at Coatbridge Family Dental Care. This will be done by someone adequately trained as per HPA-CRCE-010-Guidance on the safe use of Dental Cone Beam CT

For more information regarding Cone Beam CT scan reporting please contact Keith Preston at Coatbridge Family Dental Care.

These guidelines are available on

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340159/HPA-CRCE-010_for_website.pdf

If you need any help filling this agreement, please do not hesitate to contact us.

For Coatbridge Family Dental Care

For the clinician

Signature:

Signature:

Date:

Date: