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

This agreement is between:

Arnica Dental Care	The Clinician
73 Leckhampton Road	Name:
Cheltenham	Address:
Gloucestershire	
GL53 0BS	
reception@arnicadentalcare.co.uk	Email:
	GDC No:

Justification: (Please tick left hand box)

	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: (Please tick left hand box of one of the following)

	I would like my Cone Beam CT to be reported by JM Radiology. The service will be provided by Dr J Makdissi, Consultant in Dental and Maxillofacial Radiology.
	I will make my own arrangement for the reporting of my Cone Beam CT scans acquired at Arnica 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
	I will report my Cone Beam CT scans acquired at Arnica 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.

These guidelines are available to view/download on the CBCT scan booking form page (in sidebar) https://www.arnicadentalcare.co.uk/cbct-scan-booking-referral-form/

If you need any help completing this agreement please do not hesitate to contact us on 01242 655554

For Arnica Dental Care	**For the Clinician**
Signature:	Signature:
Date: dd/mm/yyyy	Date: dd/mm/yyyy