



Service-Level Agreement For the Referral of Patients to Buckden Dental Clinic for Cone Beam CT Examinations

Practice Name.....

	Address of Cone Beam CT Practice	Address of Referring Practice
Address Details	Buckden Dental Clinic, 35 Silver Street, Buckden, Cambridgeshire PE19 5TS	
Practice Telephone	01480 812898	
Practice Email	Reception@buckdental.co.uk	
Practice Employer	Dr Georgina O'Callaghan	

Referral criteria for dental cone beam CT:

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

- The Faculty of General Dental Practitioners “Selection Criteria for Dental Radiography”
- The British Orthodontic Society – Orthodontic Guidelines
- Chapter 4 of the SEDENTEXCT European Guidelines on Cone Beam CT for Dental and Maxillofacial Radiology
- Chapter 3 of the European Guidelines on Radiation Protection in Dental Radiology

Entitlement of Persons:

Enter below details of all persons at the referring practice who will refer patients for dental cone beam CT examinations and/or report on dental cone beam CT images. Evidence of training meeting the requirements of the HPA/ British Society of Dental and Maxillofacial Radiology (BSDMFR) Core Curriculum in Dental CBCT must be provided.

For completion by the referring practice				For completion by cone beam CT practice	
Name(s)	GDC/GMC Reg No.	(IRMER Roles) Referrer	(IRMER Roles) Operator (reporting)	Training OK	Registration OK

Signatures of agreement:

We the undersigned agree

- to use the referral criteria stated above;
- that evidence of adequate training has been provided for each of the persons named above appropriate to their IRMER roles;
- that adequate information will accompany each referred patient to allow the justification process to proceed, as set out in the attached Imaging Referral Form.

For the cone beam CT practice:

Employer Signature:

CT Practice Signed Date:

For the referring practice:

Employer Signature

Referrer practice signed date: