

# CBCT Service Level Agreement



Service Level Agreement for the referral of patients to Hartog Dental for Dental CBCT examinations.	
Between: <i>Referring Practice Name and Address:</i>	And:
	<p style="text-align: center;">Hartog Dental The Old Fire Station, Hazeley Road Twyford, Winchester, SO21 1PT Telephone : 01962 714 459 Email : twyford@hartogdental.co.uk</p>
Postcode:	
Tel:	
Email:	
Legal Person:*	Legal Person:*     Dr Rebecca K Hartog

## Referral Criteria for Dental Exposures

The document to be used by both parties as the basis for the referral of patients and the justification and authorisation of dental CBCT examinations is '*Radiation Protection: Cone Beam CT for Dental and Maxillofacial Radiology (Evidence Based Guidelines)*'. In May 2012 this document was formally published in the European Commission's Radiation Protection series. It can be downloaded from [sedentext.eu](http://sedentext.eu) and is freely available and accessible to all.

## Entitlement of Person

Enter below details of all persons at the referring practice who will refer patients for dental CBCT examination and/or report on dental CBCT images. Evidence of training (copies of CPD certificates) meeting the requirements of the HPA/BSDMFR Core Curriculum in Dental CBCT must be provided.

For Completion by Referring Practice					For Completion by Hartog Dental	
Names of Referring Clinicians	GDC/GMC Reg No	IRMER Roles (tick)			Registration Checked	Training Checked
		Referrer	Reporter (Clinical evaluation)	Evidence Enclosed		

Please complete the rest of the form on the reverse

**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 Referral Form (available at [www.hartogdental.co.uk](http://www.hartogdental.co.uk)).

For the Referring Practice:

For:

Practice Name:

Hartog Dental

Legal Person:\*

Legal Person:\* Dr Rebecca K Hartog

Signature:

Signature:

Date:

Date:

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

***Please ensure copies of CPD certificates are enclosed for each clinician and return to:***

Hartog at Twyford  
The Old Fire Station, Hazeley Road  
Twyford, Winchester, SO21 1PT  
Telephone : 01962 714 459  
Email : [twyford@hartogdental.co.uk](mailto:twyford@hartogdental.co.uk)