Cone Beam CT: Service Level Agreement

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| For the Referral of Patients for Dental Cone Beam CT Examinations

|  |  |
| --- | --- |
| Referring practice | CBCT practice |
| Address |  | Address |  |
| Tel |  | Tel |  |
| Email |  | Email |  |
| Name of legal person\* |  | Name of legal person\* |  |

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| Referral criteria for dental CBCT |
| The document specified here will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental CBCT examination:  |

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| Entitlement of people |
| Enter below the details of all people at the 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 PHE/BSDMFR Core Curriculum in Dental CBCT must be provided.  |
| For completion by referring practice | For completion by CBCT practice |
| Names | GDC/GMC Registration number | IRMER17 roles (tick) | Training OK? | Registration OK? |
| Referrer | Operator |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| Signatures of agreement |
| We the undersigned agree: (1) to use the referral criteria above; (2) that evidence of adequate training has been provided for each of the people named above appropriate to their IRMER17 roles; (3) that adequate information will accompany each referred patient to allow the justification process to proceed, as set out in the standard imaging referral form attached.  |
| For the referring practice | For completion by CBCT practice |
| Name of legal person\* |  | Name of legal person\* |  |
| Signature |  | Signature |  |
| Date |  | Date |  |

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\* The ‘legal person’ is the person/body corporate that takes legal responsibility for implementing the Ionising Radiations Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017 within the practice.