

CBCT Service Level Agreement

Service Level Agreement for the referral of patients to Westdale Dental for Dental CBCT

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| <p>Name & Address of CBCT Practice</p> <p>Westdale Dental 406 Westdale Lane Mapperley Nottingham NG3 6DG Telephone 0115 9603572 Email referrals@westdaledental.com *Legal Person CHRIS NEWTON</p> | <p>Name & Address of Referring Practice</p> <p>Telephone Email *Legal Person</p> |
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**Legal Person: is the person/body corporate that takes legal responsibility for implementing the Ionising Radiation Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 within the practice.*

Referral Criteria for Dental Exposure


This 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 Radiography (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 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. Evidence of training (copy of CPD certificate) meeting the requirements of the HPA/BSDFMR Core Curriculum in Dental CBCT must be provided.

| For Completion by Referring Practice | | | IRMER Roles (tick) | | For Completion by Westdale Dental | |
|--------------------------------------|----------------|----------|----------------------|-------------------------------|-----------------------------------|------------------|
| Name of Referring Clinicians | GDC/GMC Reg No | Referrer | Operator (reporting) | Evidence Enclosed (CPD Certs) | Registration checked | Training checked |
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Signatures of Agreement
 We the undersigned: agree (1) to use the referral criteria stated above; (2) that evidence of adequate training has been provided for each of the persons named above appropriate to their IRMER roles; (3) 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.westdaledental.com)

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| <p>For Westdale Dental</p> <p>Legal Person CHRIS NEWTON</p> <p>Signature </p> <p>Date</p> | <p>For the Referring Practice</p> <p>Legal Person</p> <p>Signature</p> <p>Date</p> |
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