

## Cone Beam CT: Service Level Agreement

For the Referral of Patients for Dental Cone Beam CT Examinations

Referring practice		CBCT practice	
Address		Address	Oxford Place Dental 31 Furness Park Road Barrow-in-Furness LA14 5PH
Tel		Tel	01229825854
Email		Email	joanne@oxfordplacedental.co.uk
Name of legal person*		Name of legal person*	Dr Amir Abedi

### Referral criteria for dental CBCT

Selection Criteria for Dental Radiography; published by Faculty of General Dental Practice (UK)

### Entitlement of people

Enter below the details of all people at the referring practice who will refer patients for dental CBCT examinations. Please kindly provide evidence of training meeting the requirements of the PHE/BSDFMFR Core Curriculum in Dental CBCT.

For completion by referring practice		For completion by Oxford Place Dental
Name	GDC	Training OK?



Signatures of agreement			
We the undersigned agree: (1) to use the referral criteria above; (2) that evidence of adequate training to refer for CBCT imaging is in place for each of the people named above; (3) that adequate information will accompany each referred patient to allow the justification process to proceed; (4) that all dental CBCT images are to be reported by the referring practice.			
For the referring practice		For completion by Oxford Place Dental	
Name of legal person*		Name of legal person*	Dr Amir Abedi
Signature		Signature	
Date		Date	

\* 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.