**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 | 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/BSDMFR 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.