



CBCT Service Level Agreement

Service Level Agreement for the Referral to Elgin Park Dental Practice for Dental CBCT Examinations

The purpose of this Service Level Agreement is to outline the responsibilities of Elgin Park Dental Practice Limited (“EPDP”) and the practice referring patients to EPDP (“The Referring Practice”) for Dental CBCT Examinations.

The Agreement sets out

- The Referral Criteria to be used by both parties
- Training requirements for referring clinicians
- Training requirements for CBCT operators at EPDP
- A list of the clinicians authorised to refer to EPDP for Dental CBCT Examination

This Service Level Agreement (“The Agreement”) is made on (insert date) _____ between Elgin Park Dental Practice Limited, 30 Elgin Park, Redland, Bristol, BS6 6RX (“EPDP”)

and

Practice Name (“The Referring Practice”):	
Practice Address:	
Tel:	
Email:	
Legal Person* at Referring Practice:	
Legal Person* at EPDP:	Mr Ceri Owen-Roberts

*The Legal Person is the individual or body that takes legal responsibility for implementing the Ionising Radiations Regulation 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) within the practice.



The following is agreed between EPDP and The Referring Practice:

Referral Criteria
Both EPDP and The Referrer should ensure that dental CBCT examination is justified and authorised in each referral case. The document “Radiation Protection: Cone Beam CT for Dental and Maxillofacial Radiology (Evidence Based Guidelines) should be used by both parties. This document is freely available to download in PDF format from www.Sedentext.eu .
Training Requirements for Referring Clinicians and Operators
The Referring Practice must ensure that the clinicians nominated to refer to EPDP for dental CBCT examination and/or report on dental CBCT images have met the requirements of the HPA and BDSMFR Core Curriculum in Dental CBCT. EPDP must ensure that all operators of CBCT equipment have met the requirements of the HPA and BDSMFR Core Curriculum in Dental CBCT.
Authorised Clinicians
EPDP will accept referrals from the list of referring clinicians in Appendix A. The Referring Practice must ensure that EPDP are notified of any changes to this list.
Referrals and Appointment Booking
Appointment booking requests must be accompanied by a fully completed referral form. Referrals will be rejected if the referral form is missing or incomplete. It is the responsibility of the Referring Practice to ensure that referral forms are received at least 24 hours prior to the scheduled appointment time. Failed appointments or cancellations within 24 hours of the scheduled appointment time will be subject to a £25 fee.

By signing this document, both parties agree to the terms outlined above.

Referring Practice Signature	Name of Signatory	Date

EPDP Signature	Name of Signatory	Date



Appendix A: List of Referring Clinicians

To be completed by the Referring Practice.

Practice Name:			
Name of Referrer	GDC Reg No	IRMER Roles (tick)	
		Referrer	Reporter (Clinical Evaluation)

CBCT Referral Form

Referring Clinician Details

Name:
Referring Practice Name & Address:
Tel:
Email:

Patient Details

Name:
Date of Birth:
Tel:
Male / Female (please circle)
Possibility of pregnancy? Y / N (please circle)
Appointment date & time:

Area of Interest (please tick as appropriate)

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28	<input type="checkbox"/> Both Jaws <input type="checkbox"/> Maxilla <input type="checkbox"/> Mandible <input type="checkbox"/> Sectional/quadrant
R <input type="checkbox"/>	<input type="checkbox"/> L	
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38	
<input type="checkbox"/>	<input type="checkbox"/>	

Important: If no teeth are selected, the whole jaw will be scanned

Will the patient be bringing a radiographic template? Y / N (please circle)
 If Y, please indicate: Denture Marked / Separate Template

Clinical Indications

Justification

<input type="checkbox"/>	Implants
<input type="checkbox"/>	Endodontics
<input type="checkbox"/>	Sinus Examination
<input type="checkbox"/>	TMJ
<input type="checkbox"/>	Oral Pathology
<input type="checkbox"/>	Bone Graft
<input type="checkbox"/>	Orthodontics
<input type="checkbox"/>	Impacted Teeth

CBCT Format

CBCT Output

<input type="checkbox"/>	DICOM Files	<input type="checkbox"/>	CD-ROM
<input type="checkbox"/>	ROMEXIS Viewer	<input type="checkbox"/>	Email

Digital Impression Required

(STL File – additional charge of £10)

2D Digital Panoramic (OPG)

2D Output: Email Photo Paper

Signature

(Referring Clinician)



How to find us....

Parking

We are based in Redland, on the corner of Elgin Park and Lower Redland Road. We are in a Resident's Parking Zone, and we have permits available for patients to borrow. Please ask at reception on arrival. There are also three Pay & Display spaces at the front of the building, which allow 30 minutes free parking.

Disabled Access

Please ring the bell at the gate on arrival if you require assistance. We have a ramp available for wheelchair access.

