



Pt First Name: \_\_\_\_\_

Pt Last Name: \_\_\_\_\_

Pt DOB: \_\_\_\_\_

## INFORMED CONSENT CARESTREAM 9300

3D Dental Imaging now offers an exciting new technology for our patients and for patients of other doctors who might be referred here. This technology is a **CARESTREAM 9300** Cone Beam Compute Tomography (CBCT), sometimes called 3-D radiographs or x-rays. Using CBCT means that we now have the ability to take 3-D images of the teeth, jaws, bones and facial structures at lower costs and with less energy than a typical CT scan used in hospitals. 3-D imaging provides improved diagnosis for our patients, especially in cases of impacted teeth, dental implants, surgical treatment, and even more complex cases. CBCT is also used in conjunction with SureSmile to plan treatment that results reduce your time in braces.

### The Carestream CBCT exposure is:

- About 1/2 as much as a full series of orthodontic digital images
- About 1/5 as much as a full series of standard dental x-rays (28 films)
- About 1/70 as much as a typical CT medical scan

CBCT offers our patients enhanced diagnostic value at significantly reduced exposure. Simultaneously, CBCT scans can image the entire head and most of the neck. As dentists and orthodontists, we evaluate teeth, jaws and the surrounding bone using CBCT's for those limited purposes. Our training and dental license does not provide for evaluation and diagnosis outside those areas. **Since CBCT imaging can cover a broader area, we want to offer you the opportunity to have your CBCT scan read by an oral radiologist who is trained and licensed to evaluate and diagnose a broader area. A CBCT may show evidence of disease of the cervical spine, skull or arteries. We can send your scan to a radiology group for this purpose.** The cost is \$75.00. If you are interested in taking advantage of this service, please initial the applicable section and sign the acknowledgement below.

(    ) Yes, I want to have my **CARESTREAM 9300** CBCT scans read by an oral radiologist. I understand that I am responsible for this additional cost.

(    ) No, I understand the risks and benefits of having my CBCT read and interpreted by an oral radiologist. However, I am knowingly declining such a referral.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature of Responsible Party Date

\_\_\_\_\_  
Date