Informed Consent CBCT Scan

1. **A CBCT Scan, also known as Cone Beam Computed Tomography**, is an x-ray technique that produces 3D images of your skull that allows visualization of internal in cross section rather than as overlapping images typically produced by conventional x-ray exams.

2. **Advantages of a CBCT Scan over conventional x-rays**: A conventional x-ray of your mouth limits your dentist to a two-dimensional or 2D visualization. Diagnosis and treatment planning can require a more complete understanding of complex three-dimensional or 3D anatomy. The CBCT scan enhances your dentist's ability to see what needs to be done before treatment is started.

3. **Radiation**: CBCT scans, like conventional x-rays, expose you to radiation. The dose of radiation used for CBCT examinations is carefully controlled to ensure the smallest possible amount is used that will still give a useful result. The dosage per scan is equivalent to 2 regular dental x-rays. However, all radiation exposure is linked with a slightly higher risk of developing cancer. The advantages of the CBCT scan outweigh this disadvantage.

4. **Pregnancy**: Women who are pregnant should not undergo a CBCT scan due to the potential danger to the fetus. Please tell the dentist if you are pregnant or planning to become pregnant.

5. CBCT scans image the entire head and most of the neck. As dentists, we evaluate teeth, jaws and surrounding bone, using the CBCT for those limited purposes. Our training and dental license does not provide for evaluation and diagnosing outside of those areas. However, since CBCT imaging can cover a broader area we offer you the opportunity to have your CBCT scan ready by a radiologist trained to evaluate and diagnose a broader area. CBCT imaging may show evidence of disease of the cervical spine, skull or arteries. At your request, we will send your CBCT scan to a radiologist for evaluation. The cost for this service is $95, which may or may not be covered by your insurance. Please initial below to indicate whether or not you would like to have your CBCT scan read by a radiologist.

   _____ Yes, I would like to have my CBCT scan read by a radiologist and I understand that I am responsible for additional cost of $95.

   _____ No, I understand the risks and benefits of having my CBCT scan read and interpreted by a radiologist, however I knowingly decline the referral. If, at a later date, I decide I would like to have this service, I understand that I can contact the office and request this service.

   PLEASE DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ACCEPT THE RISKS AND ADANTAGES NOTED.

   I, _____ being 18 years or older, certify that I have ready the above statement. I understand the procedure to be used and its benefits, risks and alternatives. I have been given the opportunity to have my questions answered and accept the risks of the CBCT scanning procedure as described above. I therefore give my consent to have Dr. Anderson or a designated trained staff member perform a CBCT Scan.

   Signature of Patient, or Legal Guardian: _____ Date: _____

   Witness to Signature: _____ Date: _____

   Doctor Signature: _____ Date: _____