

Service Level Agreement for the referral of patients to The Dental and Cosmetic Clinic for Dental CBCT				
Name & Address of CBCT Practice	Name & Address of Referring Practice			
The Dental and Cosmetic Clinic Ltd				
14 Saffron Road				
South Wigston				
Leicester				
LE18 4TD				
Telephone 0116 2785611	Telephone			
Email referrals	Email referrals			
*Legal Person Anoop Gill	*Legal Person			

<sup>\*</sup>Legal Person: is the person/body corporate that takes legal responsibility for implementing the Ionising Radiation Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 within the practice.

## Referral Criteria for Dental Exposure

This document to be used by both parties as the basis for the referral of patients and the justification and authorisation of dental CBCT examinations is "Radiation Protection: Cone Beam CT for Dental and Maxillofacial Radiography (Evidence Based Guidelines). In May 2012 this document was formally published in the European Commission's Radiation Protection series. It can be downloaded from sedentexct.eu and is freely available and accessible to all.

## **Entitlement of Person**

Enter below details of all persons at the referring practice who will refer patients for dental CBCT examination. Evidence of training (copy of CPD certificate) meeting the requirements of the HPA/BSDMFR Core Curriculum in Dental CBCT must be provided.

Completion by Referring Practice	IRMER Roles (tick)					
Name of Referring Clinicians	GDC/GMC Reg No	Referrer	Operator (reporting)	Evidence Enclosed (CPD Certs)	Registration checked	Training checked

## Signatures of Agreement

We the undersigned: agree (1) to use the referral criteria stated above; has been provided for each of the persons named above appropriate to their IRMER roles; (3) that adequate information will accompany each referred patient to allow the justification process to proceed, as set out in the referral form available at www.the dentalandcosmeticclinic.co.uk.

For The Dental and Cosmetic Clinic	For the Referring Practice
Legal Person - Anoop Gill	Legal Person
Signature	Signature
Date	Date