

ANCHOR BAY ORAL SURGERY, P.C. (ABOS) INFORMED CONSENT FOR CBCT SCAN

Advantages of a CBCT Scan: Diagnosis and treatment planning which will be determined by your referring provider may be enhanced by obtaining 3D imaging. Benefits of CBCT scans include but are not limited to: A) Providing images and information for diagnosis and evaluation that may direct treatment and/or may assist in avoiding unnecessary treatment; B) Enhanced visualization of tooth position and proximity to vital structures such as nerves or the sinuses; C) Improved accuracy when planning dental implants, evaluating for bone grafting and implant guides; D) Potential for diagnosing vertical root fractures that may not be visible on some traditional dental x-rays; E) Improved definition of jaw pathology and trauma.

Radiation Exposure: CBCT scans expose you to radiation, which may be cumulative over your lifetime and may be linked with a slightly higher risk of developing cancer. The exposure of a CBCT scan is less than the amount of exposure of several days in the sun. ABOS applies the ALARA principal (As Low As Reasonably Attainable) in all scans taken by using reduced regions of interest and application of pulsed exposure protocols of the PlanMeca 3D MID x-ray unit.

Pregnancy: Pregnant women should **NOT** undergo a CBCT scan due to the potential danger to the fetus. Please advise ABOS staff if you are pregnant or actively trying to become pregnant.

Images: Your scan will be stored at ABOS in a HIPAA compliant manner. You will receive your scan with a viewing program on a jump stick to take to your referring provider. The jump stick is not encrypted and your scan could be viewed by anyone if you lose or misplace it. It is your responsibility to protect and secure the jump stick and the associated personal information it holds. Additional copies of your scan can be provided at an additional cost.

Interpretation and Reading: *You will need to rely on your referring provider or an Oral and Maxillofacial Radiologist (OMFR) for interpretation of your scan.* ABOS will take the scan that has been requested, but will only evaluate the scan for 'quality' and to ensure the 'region of interest requested' was imaged. ABOS staff and technicians will not interpret, diagnose or provide treatment recommendations for you. **NOTE: Unless indicated in writing, ABOS will send your scan for a formal reading by an Oral and Maxillofacial Radiologist at an additional cost, which must be paid in advance of sending the scan.** Your referring provider may determine the need to send your scan for a formal reading and you may also request your referring provider send your scan for a formal reading.

Consent for a Dental CBCT Scan

I, being 18 years or older, certify that I have read the above. I understand the prescribed procedure to be done and its benefits, risks, and alternatives. I acknowledge that I have had opportunity to discuss the matter and options with my referring provider and to have my questions answered. I acknowledge that I will only rely on my referring provider or an OMFR (Radiologist) and **NOT** ABOS for any interpretation, diagnosis or treatment planning opinions. I understand and accept the risks of the CBCT scanning procedure as described. By signing below I give my consent to have ABOS perform a CBCT scan as prescribed by my referring provider for myself or as my responsibility as guardian.

Signature of Patient, or Legal Guardian

Printed Name

Date

Witness



Anchor Bay ORAL SURGERY, P.C.

35050 23 MILE ROAD
NEW BALTIMORE
MI 48047

P: 586.725.2400
F: 586.725.2405

www.anchorbayos.com



RX: DENTAL CONE BEAM CT SCAN

This prescription must be complete, signed and presented for the scan to be taken.

Patient: _____

Date of Birth: _____

Referring Provider: _____

REGION(S) OF INTEREST OF CBCT SCAN

- MAXILLA MANDIBLE BOTH TMJ RIGHT LEFT
 TOOTH (as indicated) TEETH (as indicated)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

SCAN PATIENT

***If no site is indicated, the entire jaw will be scanned**

- WITH TEETH TOGETHER WITH TEETH SEPARATED WHILE WEARING APPLIANCE

REASON FOR CBCT SCAN - TO EVALUATE

- DENTOALVEOLAR STRUCTURES IMPACTED TEETH
 DENTAL IMPLANTS OR GRAFTING ENDODONTIC ASSESSMENT
 MAXILLOFACIAL PATHOLOGY MAXILLOFACIAL TRAUMA
 TMJ (BONE ONLY) AIRWAY ASSESSMENT
 OTHER (PLEASE DESCRIBE) _____

INTERPRETATION OF CBCT SCAN (Selection must be initialed by referring provider!)

Dental CBCT scans will be sent out for interpretation, with an additional cost for that service, unless specifically noted and initialed below!

 Do NOT Send for interpretation, referring provider will interpret scan

ADDITIONAL / OTHER STUDIES REQUESTED (additional cost incurred)

- STL MODEL SCAN (model must be supplied) 3D FACIAL PHOTO
 EXTRAORAL BITE-WING VIEW EXTRAORAL PA / REGIONAL VIEW (as indicated)
 DIGITAL PANORAMIC VIEW SCAN APPLIANCE (Dual Scan Protocol)

Referral Date _____ **Referred By:** _____
Signature required

Referral Phone: _____ **Referral Email:** _____

Prescription must be signed by provider! Please keep a copy for your records.

INFORMATION: A Dental CT Scan is cone beam computerized tomographic (CBCT) imaging which is limited to the head and neck and most often just the teeth and jaws. It does not include any contrast enhancement.

Our goal is to secure a CBCT scan with the lowest possible radiation dose, with reduced fields of view and best resolution for the specific region of interest for the scan. Patient age, physical size and body mass are all dependent factors.

VOLUMES AND “REGIONS OF INTEREST”



TOOTH / ENDODONTIC VIEWS:

Higher resolution with smallest volume.
(2-3 tooth areas)



TEETH / IMPLANT VIEWS:

Normal resolution with reduced volume
(All teeth in one or both arches)

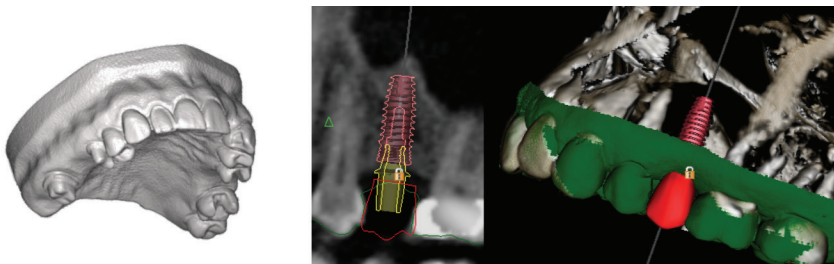


JAW VIEWS: Normal or Low Dose Resolution with expanded volume
(All Teeth and bone of entire jaw)



FACE VIEW: Normal or Low Dose Resolution with larger volume.
(Teeth and bone of both jaws, can include most of the sinuses)

DENTAL MODELS AND IMPRESSIONS can be digitized and converted to digital files (.STL files) for enhanced implant planning and guided implant surgery.

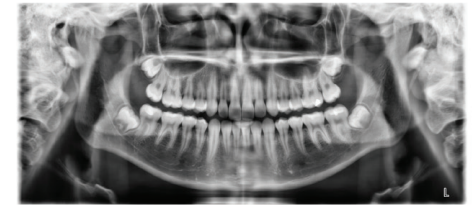


3D FACIAL PHOTOS can be combined with the CBCT scans for orthodontic and jaw surgery evaluations.

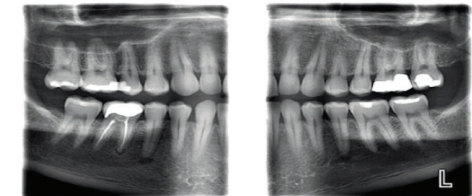


ENHANCED 2-DIMENSIONAL VIEWS ARE ALSO POSSIBLE

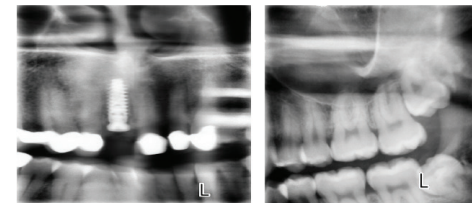
DIGITAL PANORAMIC – for patients with intolerance to the dental x-ray films or digital sensor or needing an enhanced panoramic view.



EXTRA-ORAL BITE-WINGS – for patients with intolerance to the standard dental x-ray film or digital sensor to secure bite-wings.



EXTRA-ORAL DENTAL VIEWS – for patients with intolerance to the standard dental x-ray film or digital sensor, or when a smaller field of view is required.



HOW TO PREPARE – No preparation is required. It will be necessary to remove all jewelry, necklaces and any ear, lip, nose, eyelid, cheek or tongue piercings.

PAYMENT – Most insurance companies do not provide benefits for Dental CBCT Scans and payment for services is required at the time of the service.