

Service Level Agreement for Patient Referral for OPG / CBCT

Address:	Alliance Dentistry	Referring practice
	2 Alliance Court	_____
	Ludlow	_____
	SY8 1FB	_____
Tel:	01584 878439	_____
Email:	info@alliancedentistry.co.uk	_____
Legal Person*:	David Hotchen	_____

Referral Criteria for Dental CBCT

SEDENTEXCT Provisional Guidelines V1.1 May 2009, Chapter 4 will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental CBCT examinations.

Referral Criteria for OPG

IR(ME)R 2018 will be used by both parties as the basis for the referral of patients and the justification/authorisation of OPG examinations.

Entitlement of Persons

Enter below details of all persons at referring practice who will refer patients for dental OPG / CBCT examinations and/or report on resulting images. Evidence of training meeting the requirements of the HPA/BSDMFR Core Curriculum in Dental CBCT must be provided for CBCT referrals and reporting.

For Completion by referring practice				Internal Use Only	
Name	GDC/GMC reg No.	IRMER Roles (please tick)		Training OK?	Registration OK?
		Referrer	Operator (reporting)		

Signatures of Agreement

We the undersigned agree: (1) to use the referral criteria stated above; (2) that evidence of adequate training 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 attached Standard Referral Form.

	Alliance Dentistry	Referring practice
Legal Person*	David Hotchen	_____
Signature	_____	_____
Date	_____	_____

* The "legal person" is the person/body corporate that takes legal responsibility for implementing the Ionising Radiations Regulation 2017 and the Ionising Radiation (Medical Exposure) Regulations 2018 within the practice.