**Service Level Agreement for the referral of patients to
Hindhead Dental Clinic for Dental Cone Beam CT & OPG Examinations**

|  |  |  |
| --- | --- | --- |
| **Referring Practice**  | **ID Reference:**  | **CBCT Practice**  |
| **Name:**  | **Name:**  |
| **Address:**  | **Address:**  |
| **Tel:**  | **Tel:**  |
| **Email:**  | **Email:**  |
| **Name of Legal Person:**  | **Name of Legal Person:**  |

|  |
| --- |
| **Referral Criteria for Dental CBCT**  |
| The document specified here will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental OPG & CBCT examinations:  |

|  |
| --- |
| **Entitlement of people**  |
| Please enter below the details of all people at the referring practice who will refer patients for dental OPG or CBCT examinations and/or report on dental CBCT images. Evidence of training meeting the requirements of the PHE/BSDMFR Core Curriculum in Dental CBCT must be provided. page1image1375788160 |
| **For completion by referring practice:**  | **For completion by CBCT practice:**  |
|  | **GDC/GMC**  | **IRMER 2017 roles (tick)**  |  |  |
| **Names**  | **Registration number**  | **Referrer**  | **Operator (reporting)**  | **Training ok?**  | **Registration ok?**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Signature of agreement**  |
| We, the undersigned agree: (1) to use the referral criteria above; (2) that evidence of adequate training has been provided for each of the people named above appropriate to their IRMER17 roles; (3) that adequate information will accompany each referred patient to allow the justification process to proceed, as set out in the standard imaging referral form attached.  |
| **For the referring practice**  | **For completion by CBCT practice**  |
| **Name of Legal Person**  |  | **Name of Legal Person**  |  |
| **Signature**  |  | **Signature**  |  |
| **Date**  |  | **Date**  |  |

**\* The ‘Legal Person’ is the person/body corporate that takes legal responsibility for implementing the Ionising Radiation Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017 within the practice.**