

INFORMED CONSENT FOR CONE BEAM COMPUTED TOMOGRAPHY (CBCT) SCAN

A CBCT scan, also known as a Cone Beam Computed Tomography, is an x-ray technique that produces 3-D images of your skull that allows visualization of internal bony structures in cross-section rather than as overlapping images typically produced by conventional x-ray exams. CBCT scans are primarily used to visualize bony structures, such as teeth and your jaws, not soft tissue such as your tongue or lips.

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. Advantages of CBCT scans include:

- A) Higher accuracy when planning implant and other surgeries
- B) Greater chance for diagnosing conditions such as vertical root fractures and endodontic pathology that can be missed on conventional x-rays
- C) Greater chance of providing images and information which may result in the patient avoiding unnecessary, and sometimes invasive, dental treatment
- D) Better diagnosis of third molar (wisdom teeth) positioning in proximity to vital structures such as nerves and blood vessels prior to removal
- E) The CBCT scan enhances your dentist's ability to see what needs to be done before treatment is started.
- F) Enhanced patient safety, more predictable outcomes, less discomfort, and faster treatments.

Radiation: CBCT scans, like conventional x-rays, expose you to radiation. The amount of radiation you will be exposed to is the equivalent to what you would receive from several days of normal background environmental radiation. The dose of radiation used is carefully controlled to ensure the smallest possible amount is used that will still give a useful result. However, all radiation is linked with a slightly higher risk of developing cancer (3 in 1,000,000). But the advantages of a CBCT scan outweigh this disadvantage.

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

Diagnosis of non-dental conditions: While part of your anatomy beyond your mouth and jaw may be evident from the scan, your endodontist may not be qualified to diagnose conditions that may be present in those areas. A CBCT may show evidence of disease of the cervical spine, skull or arteries. If any abnormalities, asymmetries, or common pathologic conditions are noted upon the CBCT scan, it may become necessary to send the scan to an Oral and Maxillofacial Radiologist for further diagnosis. By signing this form, you are acknowledging that your endodontist may not be qualified to diagnose all conditions that may be present, and that his liability only extends to the limits of the endodontic purpose of the scan and its interpretation for that purpose. If you are interested in having a copy of your CBCT sent to a maxillofacial radiologist, please let us know.

Fees: CBCT Fees are not covered by the most dental insurances. By signing this consent form, I acknowledge that my dental insurance may not cover CBCT and agree to pay the full fee on the day of service. If my dental insurance covers CBCT, then I will be responsible for the difference between the full fee and the covered amount.

I certify that I have read 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. I therefore give my consent to have a CBCT scan performed. I understand that if I require a copy to be taken out of our office that I am responsible to pay a \$25 duplication fee.

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

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