

At Southern Smiles Orthodontics we are committed to utilizing the most cutting edge technology available so that we may provide our patients with the best care possible. Accordingly, we now offer iCat* CBCT (Cone Beam Computer Assembled Tomography) imaging for our patients and referred patients from other doctors. This technology is sometimes referred to as 3D radiographs or x-rays. Utilizing CBCT means that we now have the ability to take 3D images of teeth, jaws, bones and facial structures at lower costs and with significantly less energy than a typical CT scan used in hospitals. This new technology allows our office to provide improved treatment; as well as more complex cases. CBCT also significantly reduces x-ray exposure when compared to more traditional orthodontic procedures.

Before we utilize this technology in the treatment of our patients it is critical that the patient or their guardian ask any questions or share any concerns about this scan with our staff. After doing so, **PLEASE INITIAL by each of the following terms** confirming that the patient or their guardian fully understands these terms and consents with each of the following provisions:

- _____ A. The CBCT scans can image the entire head and most of the neck.
- _____ B. As dentists and orthodontics, our office evaluates teeth, jaws, and the supporting bones surrounding the same and therefore the use of CBCT's are **FOR THOSE LIMITED PURPOSES ONLY**.
- _____ C. Our training and dental license **DOES NOT PROVIDE FOR EVALUATING AND DIAGNOSING OUTSIDE THOSE AREAS**. However, since CBCT imaging can cover a broader area, we want to offer you the opportunity to have your CBCT scan read by an oral radiologist, trained and licensed to evaluate and diagnose a broader area, CBCT may show evidence of disease of the cervical spine, skull or arteries.
- _____ D. We can refer you to a radiology group for this purpose.
- _____ E. The cost of said referral is approximately \$75.00, which may not be covered by your insurance.
- _____ F. [] Yes I would like to have my iCat CBCT scan read by an oral radiologist.
[] No I **DO NOT WANT** to have my iCat CBCT scan read by an oral radiologist.
- _____ G. If answered yes in paragraph F above, I understand that I will be solely responsible for all fees and costs associated with having said scan read by an oral radiologist and that any arrangement regarding the same will not impact in any way my medical, contractual or legal relationship with Southern Smiles Orthodontics.

Email Results to: _____

Mail results to: _____

- _____ H. If answered no in paragraph F above, I have been fully advised of the benefits and risks of having said scan read and interpreted by an oral radiologist. I completely understand the implications of this decision and I knowingly and willingly decline the referral.
- _____ I. I hereby waive and release Southern Smiles Orthodontics, P.A. from any liability that may arise from failing to consult an oral radiologist.
- _____ J. I hereby further waive and release Southern Smiles Orthodontics, P.A. from any liability that is beyond the scope of the field of orthodontics and understand that while the aforementioned scan may reveal conditions or health problems that may require diagnosis or treatment, whether immediate or not, that the patient or their guardian is and remains solely responsible for any responsibility to investigate, seek diagnosis, or follow up on any treatment related to the same and agree to hold Southern Smiles Orthodontics, P.A. harmless for any liability outside of the field of Orthodontics.

BEFORE SIGNING, PLEASE READ CAREFULLY AND BE SURE YOU UNDERSTAND THE TERMS OF THIS DOCUMENT. IF THERE IS ANYTHING YOU DO NOT UNDERSTAND, LET A MEMBER OF OUR OFFICE KNOW AND THEY WILL EXPLAIN IT TO YOU.

Patient Name

Patient ID#

Records/Progress

As Needed

Reason for scan

Date of scan

Signature of Responsible Party

Date

Verification of Patient/Guardian Understanding

In signing below, I _____ [] am a patient [] am the guardian of a patient. I have had adequate time to read, consider, ask questions and weigh all options before executing this document. I sign below acknowledging that I understand all of the terms and provisions of this document and wish to proceed as stated in this document herein above.

Signature of Responsible Party

Date