



Record of Discussion & Informed Consent for CBCT for a Referring Doctor

Patient's Name: _____ Date of Birth: _____

Referring Doctor: _____

I hereby authorize Hudson Endodontics to perform upon me a CBCT Scan and forward the scan to my referring doctor.

A CBCT Scan is usually referred to as a Cone Beam Computerized Tomography. This is an x-ray technique similar to a medical CT Scan. The technique produces images of your body that depicts internal structures in cross sections rather than the overlapping images typically produced by conventional x-ray exams. Conventional x-rays limit your Dentist's ability to evaluate anatomical structures in a 2-dimensional view. Your diagnosis and treatment planning can be enhanced by a more complete understanding of complex 3-dimensional anatomy. The relationship of anatomical structures in 3-D is important in assessing your condition as well as treatment planning for various dental procedures, such as Root Canal Therapy, Dental Implants, or Oral Surgery. CBCT Scans may be useful in evaluating and potentially diagnosing conditions which cannot be properly seen with conventional x-rays.

CBCT Scans, like conventional CT Scans, expose you to radiation. However, the dose from a CBCT is up to 80% less than a traditional CT. CBCT Scans are NOT recommended for pregnant women because of danger to the fetus. (Females: Initial below as appropriate)

____ I am not pregnant ____ I am pregnant ____ I am unsure if I am pregnant

I consent to the above treatment after having been advised of the risks, advantages, and disadvantages of CBCT, prior to signing this form.

I give permission and consent to Dr. Tadros and his employees to take and share this image with my referring dentist. I also acknowledge that Dr. Tadros and employees are solely responsible for performing the study and are not liable for reading, interpreting, or making a diagnosis based upon the CBCT Scan(s). I will not be examined by Dr. Tadros nor will he be reviewing the images with me.

Therefore, I hereby release, acquit and forever discharge Dr. Tadros and Hudson Endodontics, its employees, agents or representative, from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries including personal that may be incurred arising out of or in any way connected to missed or lack of diagnosis or treatment, since I understand that Dr. Tadros is not my treating doctor. No doctor patient relationship is formed as a result of our office taking this image.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT AND AGREE WITH WHAT IT SAYS

Signature of Patient of Legal Guardian: _____

Print Name: _____

Date: _____