



iCat® CBCT INFORMED CONSENT

About iCat® CBCT Cone Beam Scans

Smile Center Orthodontic now offers an exciting new technology for our patients and for patients of other doctors who might be referred here. This technology is iCat® Cone Beam Computer Assembled Tomography (CBCT) imaging, sometimes called 3-D radiographs or x-rays. Using CBCT means we now have the ability to take 3D images of the teeth, jaws, bones and facial structures at lower costs and with less energy than a typical CT scan used in hospitals. 3D imaging provides us the opportunity of improved diagnosis for our patients, especially in cases of impacted teeth, dental implants, surgical treatment, as well as more complex cases. Understandably you may have questions about exposure to these types of x-rays. Here are some facts you should know about 3-D imaging.

The iCat® CBCT (@8.5 seconds) exposure is:

- *About ½ as much as a full series of digital dental images*
- *About 1/5 as much as a full (28) mouth series of standard dental x-rays*
- *About 1/70 as much as a typical medical CT scan*

CBCT therefore offers our patients enhanced diagnostic value at significantly reduced exposure. At the same time, CBCT scans can image of the entire head and most of the neck. As dentists and orthodontists, we evaluate teeth, jaws and surround supporting bone using CBCTs for those limited purposes. Our training and dental license does not provide for evaluating and diagnosing outside those areas.

() YES. I give consent to Smile Center Orthodontics to take an iCat® CBCT scan when needed during orthodontic diagnosis and treatment at their office.

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. We can refer you to a radiology group for this purpose. The average cost is about \$125.00. If you are interested in taking advantage of this service please initial the applicable section and sign the acknowledgement below.

() NO. I understand the risks and benefits of having my CBCT read and interpreted by an oral radiologist, however I knowingly decline such a referral.

-or-

() YES. I want to have my iCat® CBCT scans read by an oral radiologist and understand I am responsible for the additional costs.

Print Patient Name

Date

Print Responsible Party

Signature of Responsible Party