



dentists of choice

Service Level agreement between:

Referring practice: and **The Briars Dental Centre**

Address of referring practice:

.....	The Briars Dental Centre
.....	8 St. Johns Road
.....	Newbury, Berkshire
.....	RG14 7LJ
Tel:	Tel: 01635 40311
Email:	Email: enquiries@briarsdentalcentre.com

▪ **Referral criteria for dental exposures:**

The following documents (and updates) will be used by both parties as the basis for the referral of patients and the justification/ authorisation of dental radiology examinations:

- 2D examinations: FDGP & RCR selection criteria for dental radiography, 3rd ed. 2013¹,
- Cephalometric examinations: Orthodontic Radiographs – Guidelines, 3rd ed., 2008²,
- CBCT examinations: SEDENTEXCT final guidelines, March 2011, Chapter 4³.

▪ **Entitlement of persons and signatures of agreement:**

Enter below details of persons at the referring practice who will refer patients for dental CBCT examinations and/or report on dental CBCT images. Their signatures confirm their agreement with the legal statement below.

▪ **Legal statement:**

- 1) I agree to use the referral criteria stated above and that adequate information will accompany each referred patient to allow the justification process to proceed as set out on the Briars Dental Centre’s referral form.
- 2) I agree to make my own arrangements for reporting on my own radiographs and CBCT scans taken at The Briars Dental Centre unless I indicate on the referral form that I would like my radiograph/CBCT scan reported by the appointed consultant radiologist.
- 3) I understand that if I choose to report on 2D dental radiographs and CBCT scans myself, then I accept responsibility for ensuring that I am adequately trained to do so and may be required to provide evidence of this to The Briars Dental Centre.

¹ <http://www.fgdp.org.uk/content/publications/selection-criteria-for-dental-radiography.ashx>

² <http://www.bos.org.uk/The-BOS/Shop/product/23>

³ http://www.sedentexct.eu/files/guidelines_final.pdf



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Name(s)	GDC/GMC registration no.	IRMER roles (tick)	Signature
		Referrer and Operator (clinical evaluation)	

For the referring practice:

For the Briars Dental Centre

The legal person* is:

The legal person* is: **The Briars Dental Centre**

Signature:

Signature:

Date:

Date:

- ***The “Legal person” is the person/body corporate that takes legal responsibility for implementing the Ionising Radiations Regulations 1999 and the Ionising Radiation (Medical exposure) Regulations 2000 within the practice.***