

Discussion and Informed Consent for Cone Beam Computerized Tomography

Patient Name: _____ Date: _____

Diagnosis: _____

Treatment: _____

Facts for Consideration

Patient's initials required

_____ A Cone Beam Computerized Tomography (CBCT) scan, is an X-ray technique that can produce three-dimensional (3-D) images of your head and allows visualization of internal bony structures in cross section rather than as overlapping images typically produced by conventional two-dimensional (2-D) X-ray exams. Dentists use CBCT scans to visualize many areas, including bony structures, such as your teeth and jaws, but not necessarily soft tissue, such as your tongue or gums.

Benefits of CBCT Scan, Not Limited to the Following:

_____ A conventional X-ray of your mouth limits your dentist to a 2-D (flat) visualization. Some diagnosis and treatment planning can be aided with a more complete visualization by way of 3-D anatomy. CBCT scans can provide dentists with 3-D information when planning some treatment such as dental implants, surgical extractions, maxillofacial surgery and advanced dental restorative procedures.

_____ Greater opportunity to diagnose conditions such as vertical root fractures that can be missed on conventional X-ray films.

_____ Greater chance of providing images and information that may allow better evaluation of the necessity of a particular dental treatment.

_____ Potential for improved diagnosis of third molar (wisdom teeth) and other teeth positioning in proximity to vital structures, such as nerves and blood vessels and sinuses prior to removal.

_____ Potential for increased accuracy when planning implant placement surgery.

Risks of CBCT Scan, Not Limited to the Following:

_____ CBCT scans, like conventional X-rays, expose you to radiation. The dose of radiation used for the CBCT scan is controlled to allow the smallest dose used that will still give sufficient data to achieve a useful result. The dosage per scan is equivalent to two (2) regular dental X-rays. Scientists have linked radiation exposure with a slightly higher risk of developing cancer; however, the advantages of the CBCT scan generally outweigh the risks.

_____ X-ray imaging of the mouth is generally not contraindicated in pregnancy and should be utilized as required to complete a full examination, diagnosis and treatment plan. Please advise your dentist if you are pregnant or planning to become pregnant so that your dentist can make the best determination of the types of radiographs needed to ensure you receive the lowest amount of reasonably achievable radiation for your dental treatment needs and can discuss whether the benefits of the scan outweigh the risks. Discuss concerns specific to X-rays during pregnancy with your physician.

_____ The CBCT scan may or may not reveal coincidental medical findings unrelated to your dental condition, dental care and dental treatment. A CBCT scan is a diagnostic procedure intended solely to facilitate diagnosis of your dental condition and your dental care and to help plan your dental treatment. The CBCT scan will be evaluated solely for the purposes associated with the dental procedures discussed in your treatment plan. The data obtained during this study may result in incidental findings unrelated to your dental condition, dental care and dental treatment and are beyond the scope and purpose of your dental condition. Your dentist is not a physician or a specialist qualified to make the assessment concerning anatomy and pathology beyond your mouth and jaw. As a result, you may elect to have the CBCT scan data evaluated by a physician or dental and or medical radiologist.

Alternatives to CBCT Scan, Not Limited to the Following:

_____ An alternative to CBCT scans are conventional X-rays; however, they have limitations. Conventional X-rays of your mouth and jaws limit your dentist to evaluating anatomical structures in a two-dimensional view. A more complete understanding of complex 3-D anatomy can enhance your diagnosis and treatment planning. The relationship of anatomical structures in three dimensions is important in assessing your condition as well as treatment planning for dental implants, surgical extractions, endodontic treatment, oral surgery or advanced dental restorative procedures. CBCT scans may be useful in evaluating and potentially diagnosing conditions that cannot be fully appreciated with conventional X-rays. The use of CBCT should be a decision between you and your dentist.

Check the boxes below that apply to you:

Consent

I have been informed both verbally and by the information provided on this form of the risks and benefits of the proposed CBCT scan as described above.

I have been informed both verbally and by the information provided on this form of the material risks and benefits of alternative X-rays and of electing not to have the scan performed.

I certify that I have read and understand the above information and that the explanations referred to are understood by me, that my questions have been answered and that the blanks requiring insertions or completion have been filled in. I authorize and direct Dr. _____ to do whatever he/she deems necessary and advisable under the circumstances.

I consent to have the above-mentioned CBCT scan.

While the scan may be covered by my medical and/or dental insurance, I accept any financial responsibility for this scan and authorize the scan.

or

Refusal

I refuse to give my consent for the proposed CBCT scan described above and understand the potential consequences associated with this refusal. **Note:** Failure to have a CBCT scan may result in failure to detect or diagnose significant disease and associated potential harm.

Patient or Patient’s Representative

Date

Witness Signature

Date

I attest that I have discussed the risks, benefits, consequences and alternatives of the above treatment with _____ (Patient or Patient’s Representative) and they have had the opportunity to ask questions. I believe they understand what has been explained and consents or refuses treatment CBCT.

Dentist Signature

Date