

57 Crown Road, Twickenham, Middlesex TW1 3EJ t: 020 8892 4000

e: reception@claremontdentalpractice.co.uk

## SERVICE LEVEL AGREEMENT BETWEEN:

Referring Practice:	Claremont Dental Practice 57 Crown Road Twickenham Middlesex TW1 3EJ  t: 020 8892 4000 e: reception@claremontdentalpractice.co.uk	
Address:		
Telephone:		
Email:		

AND:

## Refrral 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 and RCR selection criteria for dental radiography. 3<sup>rd</sup> ed. 2013 (1)
- Cephalometric examinations: Orthodontic Radiographs Guidelines, 3<sup>rd</sup> ed. 2008 (2)
- CBCT examinations: SEDENTEXCT final guidelines, March 2011, Chapter 4 (3)

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

Enter below details of all 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 in the Clarement Dental Practice referral form.
- 2.) I agree to make my own arrangements for reporting on my own radiographs and CBCT scans taken at Claremont Dental Practice.
- 3.) I hereby confirm that I am competent to interpret dental radiographs and CBCT scans and will ensure that my training will remain current.

<sup>(1)</sup> http://www.fgdp.org.uk/content/publications/selection-criteria-for-dental-radiography.ashx [accessed 10 Feb 2015]

<sup>(2)</sup> http://www.bos.org.uk/The-BOS/Shop/product/23 [accessed 10 Feb 2015]

<sup>(3)</sup> http://www.sedentexct.eu/files/guidelines\_final.pdf [accessed 10 Feb 2015]

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Date:

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

FOR THE REFERRING PRACTICE:	FOR CLAREMONT DENTAL PRACTICE:
The legal person* is:	The legal person* is:
Signature:	Signature:

Date:

<sup>\*</sup> The "legal person" is the person/body corporate that takes legal responsibility for implementing the Ionising Radiations Regulation 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 within the practice.