

Informed Consent Cone Beam CT Scan

1. **A CBCT scan, also known as Cone Beam Computerized Tomography**, is an x-ray technique that produces 3D images of your skull that allows visualization of internal bony structures in cross section rather than as overlapping images typically produced by conventional x-ray exams. CBCT scans are primarily used to visualize bony structures, such as teeth and your jaws, not soft tissue such as your tongue or gums. CBCT have become the Standard of Care for endodontic treatment.
2. **Advantages of a CBCT Scan over conventional x-rays:** A conventional x-ray of your mouth limits your dentist to a two-dimensional or 2D visualization. Diagnosis and treatment planning can require a more complete understanding of complex three-dimensional or 3D anatomy. CBCT examinations provide a wealth of 3D information which may be used when planning for dental implants, surgical extractions, maxillofacial surgery, and advanced dental restorative procedures. Benefits of CBCT scans include: A. Higher accuracy when planning implant placement surgery; B. Greater chance for diagnosing conditions such as vertical root fractures that can be missed on conventional x-ray films; C. Greater chance of providing images and information which may result in the patient avoiding unnecessary dental treatment; D. Better diagnosis of third molar (wisdom teeth) positioning in proximity to vital structures such as nerves and blood vessels prior to removal; E. The CBCT scan enhances your dentist's ability to see what needs to be done before treatment is started.
3. **Radiation:** CBCT scans, like conventional x-rays, expose you to radiation. The dose of radiation used for CBCT examinations are carefully controlled to ensure the smallest possible amount is used that will still give a useful result. The dosage per scan is equivalent to 2 regular dental x-rays. However, all radiation exposure is linked with a slightly higher risk of developing cancer. The advantages of the CBCT scan outweigh this disadvantage.
4. **Pregnancy:** Women who are pregnant should not undergo a CBCT scan due to the potential danger to the fetus. Please tell the dentist if you are pregnant or planning to become pregnant
5. **Diagnosis of non-dental conditions:** While parts of your anatomy beyond your mouth and jaw may be evident from the scan, your dentist may not be qualified to diagnose conditions that may be present in those areas. If any abnormalities, asymmetries, or common pathologic conditions are noted upon the CBCT scan, However, by signing this form, you are acknowledging that your dentist may not be qualified to diagnose all conditions that may be present, and that his/her liability only extends to the limits of the dental purpose of the scan and its interpretation for that purpose.

6. **Jewelry: If you are choosing to have the CBCT Scan done today any jewelry from the neck up needs to be removed prior to being taken back.**

PLEASE DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ACCEPT THE RISKS AND ADVANGAGES NOTED.

I, _____ being 18 years or older, certify that I have read the above statement. I understand the procedure to be used and its benefits, risks, and alternatives. I have been given the opportunity to have my questions answered, and accept the risks of the CBCT scanning procedure as described above. I therefore give my consent to have Dr. Richardson and the staff as they may designate, perform a CBCT scan. **I understand the cost of \$250.00 is not covered by my insurance and is my responsibility.**

Signature of Patient, or Legal Guardian _____ Date: _____

Witness to Signature _____ Date _____