



**SERVICE-LEVEL AGREEMENT FOR THE REFERRAL OF PATIENTS TO BOYNE DENTAL LTD FOR DENTAL CONE BEAM CT EXAMINATIONS**

**JUSTIFICATION:**

I agree to use the referral criteria as per the European Guidelines: Radiation Protection No. 172 and provide adequate clinical information in order for each examination to be justified.

**REPORTING:** Please tick one of the following:

I will make my own arrangement for the reporting of my Cone Beam CT scans acquired at Boyne Dental & Implant Clinic. This will be done by someone adequately trained as per HPA-CRCE-010-HPA-CRCE-010 - Guidance on the safe use of Dental Cone Beam CT

I will report my Cone Beam CT scans acquired at Boyne Dental & Implant Clinic. I confirm that I am adequately trained to interpret Cone Beam CT scans as per HPA-CRCE-010-Guidance on the safe use of Dental Cone Beam CT. I will ensure that my training remains up to date.

**THIS AGREEMENT IS BETWEEN:**

FOR BOYNE DENTAL & IMPLANT CLINIC	FOR THE REFERRING CLINICIAN
Signature:	Signature:
Date:	Date:
IDC/ GDC#:	IDC/ GDC#:

Guidelines are available on:

[https://www.hiqa.ie/sites/default/files/2019-10/Guidance\\_assessing-compliance-in-ionising-radiation.pdf](https://www.hiqa.ie/sites/default/files/2019-10/Guidance_assessing-compliance-in-ionising-radiation.pdf)

<https://www.hiqa.ie/sites/default/files/2019-10/Assessment-judgment-framework-for-ionising-radiation.pdf>

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