



**Service-Level Agreement for the referral of patients to
Savernake Dental
for Dental Cone Beam CT Examinations**

This agreement is between:

<p>Savernake Dental</p> <p>Address: Hertford Road Marlborough Business Park Salisbury Road Marlborough Wiltshire SN8 4FD</p> <p>Tel: 01672 512418 Email: info@savernakedentistry.co.uk</p>	<p>&</p>	<p>Referring Clinician</p> <p>Name:</p> <p>Address:</p> <p>Tel:</p> <p>Email:</p> <p>GDC No:</p>
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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 Savernake Dental. This will be done by someone adequately trained as per HPA-CRCE-010-Guidance on the safe use of Dental Cone Beam CT
- I will report my Cone Beam CT scans acquired at Savernake Dental. 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.

These guidelines are available on

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340159/HPA-CRCE-010_for_website.pdf

If you need any help filling this agreement please do not hesitate to contact us.

Savernake Dental	Referring Clinician
Signature:	Signature:
Date:	Date: