

**Service Level Agreement for the Referral of Patients to Devonshire House Dental Practice for Dental CBCT Examinations**

Between: <i>Referring Practice Name and Address:</i>	And:
	Venus Dental Care Implant Centre
	8 Symons Passage
	Totnes
Postcode:	TQ9 5FS
Tel:	Tel:01803 8660822
Email:	Email: <a href="mailto:venusdentaltotnes@gmail.com">venusdentaltotnes@gmail.com</a>
Legal Person:*	Legal Person:* Kalina Borska

**Referral Criteria for Dental Exposures**

The document to be used by both parties as the basis for the referral of patients and the justification and authorisation of dental CBCT examinations is '*Radiation Protection: Cone Beam CT for Dental and Maxillofacial Radiology (Evidence Based Guidelines)*'. In May 2012 this document was formally published in the European Commission's Radiation Protection series. It can be downloaded from [sedentexct.eu](http://sedentexct.eu) and is freely available and accessible to all.

**Entitlement of Person**

Enter below details of all persons at the referring practice who will refer patients for dental CBCT examination and/or report on dental CBCT images. Evidence of training (copies of CPD certificates) meeting the requirements of the HPA/BSDMFR Core Curriculum in Dental CBCT must be provided.

For Completion by Referring Practice				For Completion by Devonshire House		
Names of Referring Clinicians	GDC/ GMC Reg No	IRMER Roles (tick)			Registration Checked	Training Checked
		Referrer	Reporter (Clinical evaluation)	Evidence Enclosed		

**Signatures of Agreement:**

We the undersigned agree:

- To use the referral criteria stated above
- That evidence of adequate training has been provided for each of the persons named above appropriate to their IRMER roles
- That adequate information will accompany each referred patient to allow the justification process to proceed as set out in the Referral Form (available at [www.devonshirehousedental.co.uk](http://www.devonshirehousedental.co.uk)).

For the Referring Practice:	For:
Practice Name:	Venus Dental Carre Implant Centre
Legal Person:*	Legal Person:* Kalina Borska
Signature:	Signature:
Date:	Date:

*\*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.*