

| Service Level Agreement for the Referral of Patients to Devonshire House Dental Practice for Dental CBCT Examinations | | |
|--|----------------------------------|--|
| Between: Referring Practice Name and Address: | And: | |
| | Devonshire House | |
| | 2 Queen Edith's Way | |
| | Cambridge | |
| | CB1 7PN | |
| Postcode: | | |
| Tel: | Tel: 01223 245266 | |
| Email: | Email: enquiries@dh-dental.co.uk | |
| Legal Person:* | Legal Person:* | |

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 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 | GDC/GMC | IRMER Roles (tick) | | | Registration Checked | Training Checked |
| | | Referrer | Reporter (Clinical evaluation) | Evidence Enclosed | | |
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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).

| For the Referring Practice: | For: |
|-----------------------------|--------------------------------|
| Practice Name: | Devonshire House |
| Legal Person:* | Legal Person:* Fiona McGlashan |
| 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.

Please ensure copies of CPD certificates are enclosed for each clinician and return to:

Natasha Yeung Devonshire House Dental Practice 2 Queen Edith's Way Cambridge CB1 7PN