

Informed consent for Cone Beam CT Scan

INFORMED CONSENT FOR CONE BEAM CT SCAN

A CBCT scan, also known as Cone Beam Computerized Tomography, is an x-ray technique that produces 3D images of your skull. This 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.

Advantages of a CBCT Scan over conventional x-rays: Our goal is to obtain the greatest amount of information while minimizing the risk to our patients. A conventional x-ray of your mouth limits your orthodontist 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 your orthodontic treatment. The CBCT scan enhances your orthodontist's ability to see what needs to be done before treatment is started. It also facilitates patient, parent and doctor communication.

Radiation: CBCT scans, like conventional x-rays, expose you to radiation. The amount of radiation you will be exposed to is equivalent to what you would receive from several days in the sun. At Kildonan Orthodontics, the dose of radiation used for CBCT examinations is carefully controlled to ensure the smallest possible amount is used that will still provide a useful image. While all radiation is linked with a slightly higher risk of developing cancer, the advantages of the CBCT scan outweigh the risks.

Pregnancy: Women who are pregnant should not undergo a CBCT scan due to the potential danger to the fetus. Please tell our staff if you are pregnant or planning to become pregnant.

Diagnosis of non-dental conditions: While parts of your anatomy beyond your mouth and jaw may be evident from the scan, your orthodontist 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, it may become necessary to send the scan to a Radiologist for further diagnosis. If this occurs, we will discuss this option with you as well as the fee for the additional diagnosis and referral. You can request to have the CBCT read by a Radiologist. There is an additional fee for diagnosis by a Radiologist and the referral.

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

Being 18 years or older, I certify that I have read the above statement. I understand the procedure to be used and its benefits, risk, and alternatives. I acknowledge that I have had the opportunity to discuss the matter with my orthodontist, 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 my orthodontist and his staff as he may designate, to perform a CBCT scan.

Signatures: _____