

Service-Level Agreement for the Referral of Patients to The Berkeley Clinic for Dental Cone Beam CT Examinations

Address of CBCT practice:	Address of referring practice:
The Berkeley Clinic, 5 Newton Terrace, Glasgow, G3 7PJ	
Tel: 0141 564 1900	Tel:
Email: enquiry@berkeleyclinic.com	Email:
Name of Legal Person:	Name of Legal Person:
Practice Radiographer:	

Referral criteria for Dental CBCT:

The document specified below will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental CBCT examinations:

Name of document: GUIDANCE ON THE SAFE USE OF DENTAL CONE BEAM CT (COMPUTERISED TOMOGRAPHY) EQUIPMENT

Entitlement of Persons

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

For completion by referring practice:			For completion by CBCT practice:		
Name(s):	GDC/GMC Reg No.	IRMER Roles (tick)		Training OK?	Registration OK?
		Referrer	Operator(Reporting)		

Signature of agreement:

We the undersigned agree: (1) to use the referral criteria stated below; (2) that evidence of adequate training has been provided for each of the persons named above appropriate to their IRMER roles; (3) that adequate information will accompany each referred patient to allow the justification process to proceed, as set out in the attached Standard Referral Form.

For the CBCT practice:

Name of legal person*:

Signature:

Date:

For the Referring practice:

Name of legal person*:

Signature:

Date:

*The "legal person" is the person/body corporate that takes legal responsibility for implementing the Ionising Radiation Regulation 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 within the practice.

This is a requirement for referring patients to the Berkeley Clinic. It must be sent before we can accept any patients.

TOP COPY TO GO TO THE BERKELEY CLINIC

BOTTOM COPY FOR YOUR RECORDS

Berkeley House, 5 Newton Terrace, Glasgow G3 7PJ
t: 0141 564 1900 e: enquiry@berkeleyclinic.com

www.berkeleyclinic.com