**STAFFORD ENDODONTICS**

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**CONE BEAM CT SCAN-INFORMED CONSENT \*Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **A CBCT scan, also known as Cone Beam Computerized Tomography**, is an x-ray technique that produces 3D images of your skull that 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.
2. **Advantages of a CBCT Scan over conventional x-rays**: A conventional x-ray of your mouth limits your dentist 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 surgery, and advanced dental restorative procedures. Benefits of CBCT scans include: A. Higher accuracy when planning endodontic surgery; B. **Greater chance for diagnosing conditions such as vertical “root fractures” and “hidden canals” that can be missed on conventional x-ray films; C. Greater chance of providing images and information which may result in the patient avoiding** **unnecessary dental treatment**; D. Better diagnosis of third molar (wisdom teeth) positioning in proximity to vital structures such as nerves and blood vessels prior to removal; E. **The CBCT scan enhances your dentist’s ability to see what needs to be done before treatment is started.**
3. **Radiation**: CBCT scans, like conventional x-rays, expose you to radiation. The amount of radiation you will be exposed to is the equivalent to what you would receive from several days in the sun. At Stafford Endodontics, the dose of radiation used for CBCT examinations is carefully controlled to ensure the smallest possible amount is used that will still give a useful result. However, all radiation exposure is linked with a slightly higher risk of developing cancer. But the advantages of the CBCT scan outweigh this disadvantage.
4. **Pregnancy**: Women who are pregnant should not undergo a CBCT scan due to the potential danger to the fetus. Please let us know if you are pregnant or planning to become pregnant.
5. **Diagnosis of non-dental conditions**: While parts of your anatomy beyond your mouth and jaw may be evident from the scan, your dentist may not be qualified to diagnose conditions that may be present in those areas. If any abnormalities, asymmetries, or common pathologic conditions that may be present in those areas it may become necessary to send the scan to an Oral and Maxillofacial Radiologist for further diagnosis.

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being 18 years or older, certify that I have read the above statement. I understand the procedure to be used and its benefits, risks, and alternatives. I acknowledge that I have had a full opportunity to discuss the matter with attending dentist. I 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 Dr. Tolba and staff as he may designate, perform a CBCT scan.

\_\_\_ This CBCT was taken for imaging purposes only. This CBCT will not be read in this office or by Dr. Mostafa Tolba BDS MS PC. This CBCT will be read and interpreted in another office and by another provider.

Signature of Patient or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Witness to Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_