

YORKTOWN PERIODONTICS

Sayward Duggan, DDS, MS

Information Regarding Cone Beam Radiographic Imaging

I have recommended that you have a CT scan to help me better diagnose and treatment plan your dental condition. The CT scan I am recommending uses Cone Beam Computer Assembled Tomography (CBCT) imaging, sometimes called 3-D images or x-rays. Using CBCT means I have the ability to take 3-D images of the teeth, jaws, bones and facial structures with less radiation than a typical CT scan used in hospitals. 3-D imaging provides me with the tools for improved diagnosis for our patients, particularly when determining the amount of bone for implant placement or when diagnosing other disease processes which are not visualized on traditional 2-D images. Understandably, you may have questions about exposure to these types of x-rays. I employ the ALARA (As Low as Reasonably Achievable) method for determining when a CT scan is necessary.

A Standard Scan is 8.5 seconds of exposure time. The CT scan shows most of the head and neck and is used in adults and older teens. The radiation of this scan has

- about as much as a film based panoramic image
- about 1/5 as much as a full (28) mouth series of standard dental xrays
- about 1/70 as much as a typical medical CT scan

As a periodontist, Dr. Duggan can evaluate the teeth, jaws, and the surrounding bone using CBCT for dental and dental implant purposes. Her training and dental license do not provide for evaluating and diagnosing outside those areas.

However, since the CBCT imaging can cover a broader area, we want to offer you the opportunity to have your CBCT scan read by an oral and maxillofacial radiologist, trained and licensed to evaluate and diagnose a broader area. CBCT may show evidence of disease of the sinuses and airways, cervical spine, skull or arteries. We can have your CBCT data read by a radiologist for an additional fee of \$75.00, if desired. If you are interested in taking advantage of this service, please initial the applicable section and sign the acknowledgement below.

() Yes, I want to have my CBCT scan read by an oral radiologist and understand I am responsible for the additional costs of \$75.00, which will be added to the CT scan fee.

() No, I understand the benefits of having my CBCT read and interpreted by an oral radiologist, however I knowingly decline such a referral.

Printed Name of Patient _____ Date _____

Signature of Responsible Party _____

Printed Name of Responsible Party _____