

iCat® Cone Beam Informed Consent

Orthodontics Only offers iCat® CBCT (Cone Beam Computer Assembled Tomography) imaging, for our patients and referred patients from other doctors. This technology is sometimes referred to as 3D radiographs or x-rays. Using CBCT means we have the ability to take 3D images of teeth, jaws, bones and facial structures at lower costs and with significantly less energy than a typical CT scan used in hospitals. This type of imaging provides us the opportunity of improved diagnosis for our patients, especially in cases of impacted teeth, dental implants, surgical treatment, as well as more complex cases. Understandably, you may have questions about exposure to these types of x-rays. Here are some facts you should know about our 3D imaging:

iCat® CBCT EXPOSURE FACTS (@4.8 seconds):

- About the same as complete 2D orthodontic diagnostic radiographs*
- 1/10 as much as a full (28) mouth series of standard dental x-rays*
- 1/100 as much as a typical medical CT scan*

* values are approximate

CBCT offers our patients enhanced 3D diagnostic value at a significantly reduced exposure. Simultaneously, CBCT scans can image the entire head and most of the neck. As dentists and orthodontists, we evaluate teeth, jaws and surround supporting bone using CBCTs for those limited purposes. Our training and dental license does not provide for evaluating and diagnosing outside those areas. **Since CBCT imaging can cover a broader area, we want to offer you the opportunity to have your CBCT scan read by an oral radiologist, trained and licensed to evaluate and diagnose a broader area. CBCT may show evidence of disease of the cervical spine, skull or arteries.** We can have your CBCT scan read by an oral radiologist for a fee of \$120.00. If you are interested in taking advantage of this service, please complete the applicable section below.

- ☐ Yes, I would like to have my iCat® CBCT scan read by an oral radiologist and understand that I'm responsible for additional cost of \$120.00, which is separate from any orthodontic fees.

Please email the results to: _____

- ☐ No, I understand the risks and benefits of having my CBCT read and interpreted by an oral radiologist, however, I knowingly decline the referral.

Patient Name

Patient ID#

Reason for Scan

Date of Scan

Signature of Responsible Party

Date