

## Information Regarding Cone Beam Radiographic Imaging

Peninsula Orthodontics is pleased to offer the iCat® Cone Beam Computer Assembled Tomography (CBCT) imaging, sometimes called 3-D images or x-rays. Using CBCT means we have the ability to take 3-D images of the teeth, jaws, bones and facial structures. We always employ the ALARA (As Low As Reasonably Achievable) method for determining which type of CT scan to take.

There are 3 types of scans typically taken in our office.

1. Standard Scan at 8.5 seconds exposure time. This 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
2. Small Scan at 4.8 seconds exposure time. This CT scan shows the head from the ears forward, between the eyebrows and the chin and is used on children and smaller patients, and it has about ½ the radiation of a film based panoramic image.
3. Dentoalveolar Scan at 4.8 seconds exposure time. This CT scan is our smallest scan and only shows the teeth and their supporting structures. Is used in cases of limited treatment and as a progress scan during treatment. It has the least amount of radiation and is about ¼ of a film based panoramic image.

As an orthodontist, Dr. Ross can evaluate the teeth, jaws and the surrounding bone using CBCT scan for orthodontic purposes. Her training and dental license does not provide for evaluating and diagnosing outside those areas. However since CBCT imaging can cover a broader area, we can have your CBCT data read by a radiologist for an additional fee of \$85.00 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 iCat® CBCT scan read by a radiologist. I understand that I am responsible for the additional cost of \$85.00, which will be added to my orthodontic fees.

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

Printed Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Printed Name of Responsible Party \_\_\_\_\_