RECORD OF DISCUSSION & INFORMED CONSENT
FOR CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT) SCAN

PATIENT'S NAME: _____

Last   First   Initial

DATE OF BIRTH: _____ /_____ /_____

David Forbes Orthodontics now offers an exciting new technology for our patients and for patients of other doctors who might be referred here.

PROCEDURE: A Cone Beam Computer Tomography (CBCT) scan, sometimes called a 3-D radiograph or x-ray, is an x-ray technique that is similar to medical CT scans. CBCT scans produce images of your body that depict internal structures in cross-section rather than the overlapping images typically produced by conventional dental x-rays.

Diagnosis and treatment planning requires a more complete understanding of your facial anatomy, including but not limited to: teeth, jaw, and facial structures/bones. CBCT scans are especially beneficial to the diagnoses of patients who have impacted teeth, dental implants, had surgical treatments and/or may suffer from airway issues. In short, CBCT scans may be useful in evaluating and potentially diagnosing conditions which cannot be properly seen with conventional dental x-rays.

WOMEN: CBCT scans are NOT recommended for pregnant women because of possible danger to the fetus. (Initial below as appropriate.)
____ I am not pregnant   ____ I am pregnant   ____ I am unsure whether I am pregnant

RISKS: CBCT scans, like conventional x-rays, expose you to radiation. There are certain inherent and potential risks from x-rays. The dose is approximately the same as the following U.S. background radiation dose equivalents: 1 day for upper teeth, 3 days for lower front teeth and 5 days for lower back teeth. An alternative to a CBCT scan are conventional dental x-rays, however, they have the limitations previously noted.

While parts of your anatomy beyond your mouth and jaw may be seen on the scan, Dr. Forbes' training and dental license does not provide for evaluating and diagnosing outside of his specialization of orthodontia. The CBCT scan taken today, _____ / _____ / _____, is intended solely to facilitate diagnosis of your dental condition and aid in completion of your dental treatment plan.

ACKNOWLEDGE/CONSENT: I acknowledge that an alternative to CBCT scans are conventional dental x-rays, however, they have limitations previously noted. I also acknowledge that David Forbes Orthodontics is not liable for reading, interpreting and/or making a diagnosis based upon the CBCT scan beyond Dr. Forbes' orthodontic expertise/scope of care.

I, _____, being 18 years or older, certify that I have read this consent form and that I understand the procedure to be performed, and its benefits, risks and alternatives. I acknowledge that I have had a full opportunity to discuss this procedure with Dr. Forbes, or his designee, and have had any/all questions answered to my satisfaction prior to signing this form. Thus, I give my informed consent to Dr. Forbes and his designated staff to perform the CBCT scan.

In addition, I give permission to Dr. Forbes and his designated staff to share clinical images taken from today's CBCT scan with other persons for the purpose of gaining additional insight on my clinical condition, for educational purposes and/or the development of the medical/dental field.

PATIENT/GUARDIAN SIGNATURE: _____/___ /___ /_____