

Austin Center for Endodontics | K.G. Amin, D.M.D.

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Cone Beam Computerized Tomography (CBCT) Scan & Panoramic Radiograph Referral

Referring Offices: Please send Austin Center for Endodontics this completed form via email or fax then return form to patient.

Patients: Please bring this completed form with you to your appointment at Austin Center for Endodontics.

Patient Information

Name _____

DOB ____/____/____ Male Female

Phone No. _____

Email _____

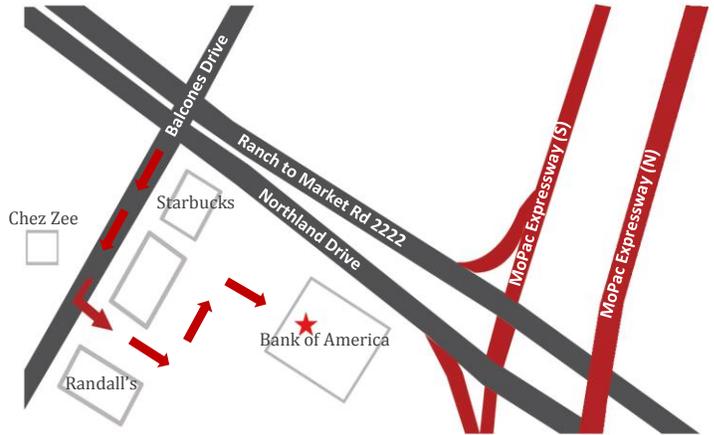
Address _____

Referring Doctor Information

Referring Dr. _____

Phone No. _____

Email _____



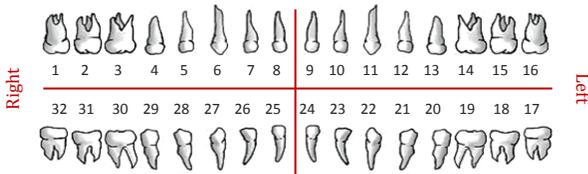
MoPac & 2222

OUR OFFICE IS IN THE BANK OF AMERICA BUILDING

There is no entrance to the office complex via the MoPace feeder; the best way to enter the complex is via Balcones Drive by Randall's Grocery Store.

Referral

Tooth No. or Area (write out & circle below) _____



Please Perform the Following:

Cone Beam Computerized Tomography (CBCT) Scan

Panoramic Radiograph

Preferred Method of Receiving Images:

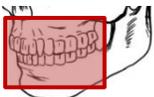
CD

Email (Panoramic Radiographs Only)

Preferred Field of View for CBCT Scans:

8 x 9 (full mouth view)

8 x 5 Upper (all upper view)



8 x 5 Lower (all lower view)

5 x 5 (localized view, about 4 teeth of upper OR lower)



Patient's Medical History

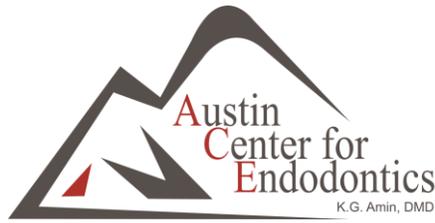
Please check yes or no, if yes, provide an explanation: Yes No

- During the previous 6 months, have you had any dental xrays?
if yes, please explain _____
 Yes No
- Do you have any illness that is communicable?
if yes, please explain _____
 Yes No
- Do you have any injuries and/or special conditions that we should be aware of?
if yes, please explain _____
 Yes No
- Are you currently pregnant, or is there any possibility that you are pregnant?
(if yes, please bring a signed letter from your obstetrician approving of the CBCT scan or panoramic radiograph)
 Yes No

Payment Information

Images at Austin Center for Endodontics are **\$95.00**. We accept cash and the following credit cards:





INFORMED CONSENT FOR CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT) SCAN & PANORAMIC RADIOGRAPH

- 1. 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, not soft tissue such as your tongue or gums.
- 2. Advantages of CBCT Scan over conventional x-rays:** Conventional x-ray of your mouth limits your dentist to a two-dimensional or 2D visualization. Diagnosis and treatment planning can require more complete understanding of complex three-dimensional or 3D anatomy. CBCT examinations provide wealth of 3D information which may be used when planning for dental implants, surgical extractions, maxillofacial surgery, and advanced dental restorative procedures. Benefits of CBCT scans include: A. Higher accuracy when planning implant placement surgery; B. Greater chance for diagnosing conditions such as vertical root fractures 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 and panoramic x-rays, 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 Austin Center for Endodontics the dose of radiation used for CBCT examinations is carefully controlled to ensure the smallest possible amount is used that will still give useful result. However, all radiation exposure is linked with 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 CBCT scan or panoramic x-ray due to the potential danger to the fetus. Please tell the dentist 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 are noted upon the CBCT scan, it may become necessary to send the scan to an Oral and Maxillofacial Radiologist for further diagnosis.
- 6. CBCT scan and panoramic x-ray interpretation:** While Dr. Ketan Amin or a Registered Dental Assistant at Austin Center for Endodontics may administer your CBCT scan or panoramic x-ray, if you were referred by another dentist or physician solely for a CBCT scan or panoramic x-ray and not referred for treatment, Dr. Ketan Amin is not responsible for the interpretation or diagnosis of the CBCT scan or panoramic x-ray. CBCT scans will be burned onto a disk and given to the patient, and the patient will return the CBCT scan to the referring doctor. Panoramic x-rays will be e-mail to the referring doctor. The referring dentist or physician will be responsible for interpretation and diagnosis using the CBCT scan or panoramic x-ray provided by Austin Center for Endodontics.

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 statements. I understand the procedure to be used and its benefits, risks, and alternatives, and I accept the risks of the CBCT scan and panoramic radiograph as described above. I acknowledge that I have full opportunity to discuss the matter with my referring dentist/physician and have been given the opportunity to have my questions answered by my referring dentist/physician. I therefore give my consent to have Austin Center for Endodontics perform the CBCT scan or panoramic radiograph I was referred for.

Signature of Patient, or Legal Guardian _____ Date _____