



Service Level Agreement

- **For the referral of patients for:**
Cone Beam CT, OPG and Cephalometric X-Ray Examinations

- **Between:**

	Referring Practice:	Imaging Centre:
Name:		Cavendish Imaging Limited
Address:		All branches
Tel:		0207 935 2777
Email:		office@cavendishimaging.com
Name of legal person*:		Cavendish Imaging Limited

- **Referral Criteria for radiographic exposures:**

The following documents (and updates) will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental radiology examinations:

- 2D examinations: FDGP and RCR selection criteria for dental radiography, 3ed 2013
- Cephalometric examinations: Orthodontic Radiographs – Guidelines, 3rd ed., 2008
- CBCT examinations: SEDENTEXCT final guidelines, March 2011, Chapter 4.

- **Entitlement of persons and signatures of agreement:**

Enter below details of all persons at the referring practice who will refer patients for radiographic examinations and/or report on the resulting images. Their signatures will confirm their agreement with the legal statement below.

- **Legal statement:**

1) I agree to use the referral criteria stated above and that adequate information will accompany each referred patient to allow the justification process to proceed as set out in the Cavendish Imaging referral form (<http://cavendishimaging.com/patient-referrals>)

2) I agree to make my own reporting arrangements to have the radiographic examinations that I refer to Cavendish Imaging reported, unless I indicate on the referral form that I would like your Consultant Radiologist to report them.



3) I understand that if I choose to report on 2D dental radiographs and CBCT scan myself, then I accept responsibility for ensuring that I am adequately trained to do so and that I will provide evidence of this to Cavendish Imaging, if requested.

4) I understand that if I choose to make alternative reporting arrangements, then I accept responsibility for ensuring that the report will be undertaken by a suitable party, subject to adequate training and governance arrangements, and that I will provide evidence of this to Cavendish Imaging, if requested.

Referrer's Name	GDC/GMC registration	Signature

For the referring practice:	For Cavendish Imaging
The legal person* is:	The legal person* is: Cavendish Imaging LTD
Authorised Signatory:	Authorised Signatory: Dr V Sauret-Jackson
Date:	Date:
Signature:	Signature:

*The "legal person" is the person/body corporate that takes legal responsibility for implementing the Ionising Radiation Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017 within the practice.