



Service Level Agreement Between:

Referring practice: and CAVENDISH IMAGING LTD

Address of referring practice:

.....	Cavendish Imaging Harley St/London
.....	Cavendish Imaging Finchley
.....	Cavendish Imaging Oxford
.....	Cavendish Imaging Nottingham Satellite
.....	Cavendish Imaging Birmingham

Tel:

Tel: 020 7935 2777

Email:

Email: office@cavendishimaging.com

• Referral criteria for dental 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, 3rd ed. 2013¹,
- Cephalometric examinations: Orthodontic Radiographs – Guidelines, 3rd ed., 2008²,
- CBCT examinations: SEDENTEXCT final guidelines, March 2011, Chapter 4³.

• Entitlement of persons and signatures of agreement:

Enter below details of all persons at the referring practice who will refer patients for dental CBCT examinations and/or report on dental CBCT images. Their signatures 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://www.cavendishimaging.com/patient-referrals>).

2) I agree to make my own arrangements for reporting on my own radiographs and CBCT scans taken at Cavendish Imaging unless I indicate on the referral form that I would like my radiograph/CBCT scan reported by your Consultant Radiologist.

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

4) I hereby confirm that I am competent to interpret dental radiographs and CBCT scans and will ensure that my training will remain current.

¹ <http://www.fgdp.org.uk/content/publications/selection-criteria-for-dental-radiography.ashx> [accessed 10 Feb 2015]

² <http://www.bos.org.uk/The-BOS/Shop/product/23> [accessed 10 Feb 2015]

³ http://www.sedentexct.eu/files/guidelines_final.pdf [accessed 10 Feb 2015]



CAVENDISH IMAGING

Dental and Medical Imaging, Anatomical Model Specialists

For General Enquiries:
Cavendish Imaging Ltd
Tel: 0207 935 2777
office@cavendishimaging.com
www.cavendishimaging.com

Name(s)	GDC/GMC registration no.	IRMER roles (tick)	Signature
		Referrer and Operator (clinical evaluation)	

For the referring practice:

For Cavendish Imaging:

The legal person* is:

The legal person* is: CAVENDISH IMAGING LTD

Signature:

Signature:

Date:

Date:

** The "legal person" is the person/body corporate that takes legal responsibility for implementing the Ionising Radiations Regulation 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 within the practice.*