



About iCAT® Cone Beam CT Scans

We are excited to now offer an impressive new technology to our patients and to other doctors' patients of who are in need of a CT scan. This technology is iCAT® Cone Beam Computer Assembled Tomography (CBCT) imaging, sometimes called 3-D radiographs or 3-D x-rays. Using CBCT means we now have the ability to take three dimensional images of the teeth, jaws and facial bones and structures at lower costs and with much less energy than the typical CT scan used in hospitals. 3-D imaging assists in precise diagnosis and treatment planning for patients, for many situations. These include diagnosis of impacted teeth, dental implant planning, complex dental reconstruction planning, observation of orthodontic and obstructive sleep apnea patients' airway characteristics, and TMJ and orthopedic developmental analysis for orthodontic treatment planning.

Understandably, you may have questions about exposure to these types of x-rays. Here are some facts you should know about 3-D imaging. An iCAT® CBCT (8.9 seconds') exposure is:

- About 1/2 as much as a full series of standard dental x-rays (films)
- About 1/4 as much as a full series of 18-20 digital dental x-rays
- About 1/10 as much as a typical medical CT scan of the skull.

CBCT therefore offers patients enhanced diagnostic value at significantly reduced exposure. At the same time, CBCT scans can image the entire head and much of the neck. As dentists, we evaluate teeth, jaws and surrounding supporting bone using CBCTs for limited purposes as those listed above. Our training and dental licenses do not provide for evaluating and diagnosing outside those areas. However, since CBCT imaging can cover a broader area, we want to offer you the opportunity to have your CBCT scan read and interpreted by an oral maxillofacial radiologist, a specialist who is trained and licensed to evaluate and diagnose a broader area. CBCT may show evidence of disease of structures such as the sinuses, cervical spine, skull or arteries. We can send your CBCT scan to a radiology group for the purpose of reading the CBCT scan. The cost is \$105.00, which may not be covered by your insurance. If you are interested in taking advantage of this service, please initial the applicable section and sign the acknowledgement below.

() I understand the risks and benefits and hereby consent to having an iCAT® CBCT taken. I request to have my CBCT scan read by an oral maxillofacial radiologist, at the additional fee of \$105.00. I understand I am responsible for both fees in their entirety, as my insurance may not cover them.

E-mail results to:

_____ OR

Mail results to:

() I understand the risks and benefits and hereby consent to having an iCAT® CBCT taken. I understand the risks and benefits of having the CBCT scan read and interpreted by an oral maxillofacial radiologist; however, I knowingly decline this service.

Patient's Name (PLEASE PRINT)

Date

Signature of Patient or Responsible Party

Reason for CBCT Scan

Witness