

Service Level Agreement Between:

Referring Practice

and

Angle House

Name:.....

Angle House Ealing LTD

Address:.....

Angle House Whetstone LTD

.....

Angle House Goffs Oak LTD

Tel:

Tel: 020 3096 0111

Email:

E. info.ealing@anglehouse.com

E. info.whetstone@anglehouse.com

E. info.goffsoak@anglehouse.com

Referral criteria for dental exposures:

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

-2D examinations: FDGP and RCR selection criteria for dental radiography, 3rd ed.2003

-Cephalometric examination: Orthodontic radiographs- Guideline, 3rd ed.2008

-CBCT examinations: sedentext final guidelines, March 2011, Chapter 4

Entitlement of person 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 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 Angle House referral form.
2. I agree to make my own arrangements for reporting on my own radiographs and CBCT scans taken at Angle House 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 Angle House.
4. I hereby confirm that I am competent to interpret dental radiographs and CBCT scans and will ensure that my training will remain current.



| Name(s) | GDC/GMC registration | IRMER roles | Signature |
|---------|----------------------|---|-----------|
| | | Referrer and Operator (clinical evaluation) | |
| | | | |
| | | | |
| | | | |

For the referring practice:

The legal person* is:.....

Signature.....

Date.....

For Angle House:

The legal person* is: ANGLE HOUSE LTD

Signature:.....

Date:.....

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