

KC Cone Beam, L.L.C.  
3D Imaging Center  
11900 West 87th Street Parkway, Suite 128  
Lenexa, Kansas 66215  
913-599-CBCT (2228)

**Record of Discussion & Informed Consent for CBCT for a Referring Doctor**

**PATIENT'S NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**REFERRING DOCTOR** \_\_\_\_\_

**I HEREBY AUTHORIZE KC Cone Beam, L.L.C., to perform upon me a CBCT scan and forward all results to my referring Doctor.**

A CBCT scan is usually referred to as cone beam computerized tomography. This is an x-ray technique similar to a medical CT scan. The technique produces images of your body that depicts internal structures in cross sections rather than the overlapping images typically produced by conventional x-ray exams. Conventional x-rays limits your dentist ability to evaluate anatomical structures in a 2 dimensional view. Your diagnosis and treatment planning can be enhanced by a more complete understanding of complex 3 dimensional anatomy. The relationship of anatomical structures in 3D is important in assessing your condition as well as treatment planning for dental implants, surgical extractions, endodontic treatment, oral surgery or advanced dental restorative procedures. CT scans may be useful in evaluating and potentially diagnosing conditions which cannot be properly seen with conventional x-rays.

CBCT scans, like conventional CT scans expose you to radiation. However, the dose from a CBCT scan is up to 80% less than a traditional CT. CBCT scans are NOT recommended for pregnant women because of danger to the fetus. (Initial below as appropriate.)

\_\_\_ I am not pregnant \_\_\_ I am pregnant \_\_\_ I am unsure whether I am pregnant

I consent to the above treatment after having been advised of the risks, advantages and disadvantages of CBCT, prior to signing this form.

KC Cone Beam, L.L.C. is not responsible for reading, interpreting or diagnosing conditions as a result of the CBCT scans taken in our office. All results will be forwarded to the referring Doctor for interpretation.

**I give permission and consent to KC Cone Beam, L.L.C. to take and share images with my referring Doctor. I also acknowledge that KC Cone Beam, L.L.C. is not liable for reading, interpreting or making diagnosis based upon the CBCT scans.**

**PATIENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_