

Informed Consent for CT Scan

Patient name _____ Date _____

A CT scan—also called “computerized tomography”—is an X-ray technique that produces images of your body that visualize internal structures in cross section, rather than the overlapping images typically produced by conventional X-ray exams.

A conventional X-ray of your mouth limits your dentist to a 2-D visualization. Diagnosis and treatment planning can require a more complete understanding of a complex 3-D anatomy. CT examinations provide a wealth of 3-D information, which can be used when planning for dental implants, surgical extractions, maxillofacial surgery and advanced dental restorative procedures. One benefit of CT scans is the greater chance for diagnosing conditions such as vertical root fractures, which can be missed a significant percentage of the time on conventional films and which can result in the patient avoiding unnecessary additional treatment. To summarize, the CT scan enhances your dentist’s ability to see what he/she needs to see before treatment is started.

CT scans are NOT recommended for pregnant women because of danger to the fetus.

(initial one of these, as appropriate.)

_____ I am pregnant.

_____ I am not pregnant.

_____ I am unsure whether I am pregnant.

Risks: CT scans, like conventional X-rays, expose you to radiation. The amount of radiation you will be exposed to by the CT scan used by this office is approximately the equivalent to the exposure you would get from days in the sun. An alternative to CT scans is conventional X-rays.

While parts of your anatomy beyond your mouth and jaw may be evident from the scan, your dentist is not qualified to diagnose conditions that may be present in those areas, nor will your dentist be looking for any abnormal conditions other than those normally diagnosed by a dentist involving the area of the mouth and jaw. Therefore, the mere fact that other structures may be evident on the scan does not mean that they are being examined by a professional to determine whether they are normal. Your dentist is not a physician, or a specialist qualified to make those determinations. Our office can email our scan to your physician for a \$35 fee, if you ask us to do so.

“I hereby certify that I have fully read and considered this consent and that it has been explained and/or read to me. I was given an opportunity to ask questions regarding my condition, the CT scan procedure, including its benefits and risks, and alternative forms of treatment/imaging. I understand the contents of this consent and have sufficient information to give this informed consent for Dr. _____ and his/her staff as he/she may designate, to perform a CT scan. I understand there is an administrative processing fee to send the scan to another physician.”

PATIENT SIGNATURE

DATE

PRINTED NAME IF SIGNED ON BEHALF OF PATIENT

RELATIONSHIP

DENTIST SIGNATURE

DATE

WITNESS SIGNATURE

DATE