

INFORMED CONSENT FOR CONE BEAM COMPUTED TOMOGRAPHY (CBCT) SCAN

A CBCT scan, or Cone Beam Computed Tomography, is an advanced x-ray technique that produces 3-D images of your anatomy, allowing the visualization of internal bony structures in cross-section rather than as overlapping images produced by conventional x-rays. CBCT scans focus on bony structures such as teeth and jaws, not soft tissues like the tongue or lips.

CBCT scans expose you to radiation, similar to several days of normal background environmental radiation. The radiation dose is carefully controlled to ensure minimal exposure.

Advantages of a CBCT Scan

Compared to conventional x-rays, CBCT scans provide:

- Reduced chances of unnecessary and invasive dental treatment.
- Improved diagnosis of conditions like vertical root fractures and endodontic pathology, which can be missed with conventional x-rays.
- Higher accuracy for planning surgeries.
- Better assessment of molar positioning relative to vital structures like nerves and blood vessels.
- Improved patient safety, more predictable outcomes, reduced discomfort, and quicker treatments.

Pregnancy

Women who are or might be pregnant should not undergo a CBCT scan due to potential risks to the fetus. Please inform your dentist if you are pregnant or planning to become pregnant.

Non-Dental Diagnoses

While parts of your anatomy beyond your mouth and jaw may appear on the scan, your endodontist is not qualified to diagnose conditions in those areas. If abnormalities are detected, the scan may be sent to an Oral and Maxillofacial Radiologist for further evaluation. If you wish to have your CBCT evaluated by a maxillofacial radiologist, please inform us.

Duplication Fee

If you require a copy of the CBCT scan for use outside our office, a \$25 duplication fee applies.

Acknowledgment and Consent

I certify that I have read and understand the above information regarding the CBCT scan, including its benefits, risks, and alternatives. I have had the opportunity to ask questions and have them answered to my satisfaction.

By signing below, I consent to the CBCT scan and accept the associated risks and benefits.

Patient Name: _____ Date: _____

Signature of Patient or Legal Guardian: _____