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RECORD OF DISCUSSION AND INFORMED CONSENT FOR CBCT

A CBCT scan---also called cone beam computerized tomography ---is an x-ray technique that is similar to medical CT scans. They produce images of your body that depict internal structures in cross-section rather than the overlapping images typically produced by conventional X-ray exams.

ADVANTAGES of a CBCT SCAN OVER CONVENTIONAL RADIOGRAPHS: Diagnosis and treatment planning requires a more complete understanding of complex root canal anatomy and associated disease. By using a CBCT, we have an enhanced ability to understand conditions that can be missed on a conventional x-ray.

WOMEN: CBCT scans are NOT recommended for pregnant women because of possible danger to the fetus. (Initial as appropriate)

I am not pregnant I am pregnant I am unsure whether I am pregnant

RISKS: CBCT scans, like conventional x-rays, expose you to radiation. There are certain inherent and potential risks from X-rays. The dose is approximately the same as the following U.S. background radiation dose equivalents: 1 day for upper teeth, 3 days for lower front teeth and 5 days for lower back teeth. An alternative to a CBCT scan are conventional dental x-rays, however, they have the limitations previously noted.

DIAGNOSIS OF NON-DENTAL CONDITIONS: While parts of your anatomy beyond your mouth and jaw may be seen on the scan, we are neither physicians nor radiologists and will not make assessments concerning your anatomy beyond your mouth or jaw. If the report raises a question as to something unusual outside the specific area of your mouth or jaw, we may refer you to a physician or radiologist for an evaluation. In such an event, our office can place the image on a CD. You should also understand that CBCT scans cannot be relied upon to show soft tissue lesions, unless they have caused changes in your hard tissues (teeth or bone). Also, CBCT images may contain artifacts that can make interpretation difficult.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT AND AGREE WITH WHAT IT SAYS

I, _____, being 18 years or older, certify that I have read this consent form in the presence of _____ (Please Print), and that I understand the procedure to be performed, and its benefits, risks and alternatives. I acknowledge that I have had a full opportunity to discuss this procedure with Dr. Hirschman and have had any/all questions answered to my satisfaction. Thus, I give my informed consent to Dr. Hirschman to perform the CBCT scan.

Signature of Patient or Legal Guardian: _____

Print Name: _____ Date: _____