



HOUSTON ORAL HEALTHCARE SPECIALISTS

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Informed Consent for CBCT Scan

- **What is a CBCT:** One of the most important innovations in dental diagnostics has been the advent of cone beam computed tomography (CBCT), which has proven effective for many applications in oral healthcare. CBCT is a technology that is considered by some to be the standard of care where 3D imaging is necessary in dentistry. This technological leap allows practitioners to gain immediate access to accurate 3D images of anatomical structures, which often are critical to precise diagnoses, more effective treatment planning and increased awareness of anatomical landmarks that may need to be avoided.
- **Radiation Exposure:** Like with any radiographic image, there is some exposure to radiation, but the amount varies from day-to-day exposure. At Houston Oral Healthcare Specialists, we utilize state of the art technology with sensitivity to exposure time and controlled lower emissions. Our patients are surprised with the comparison between today's technological advances in controlling radiation emissions compared to the machines used in decades prior. Please see the poster in our scan room for the informed comparison.
- **Warning:** Women who are pregnant should not undergo a CBCT scan due to the potential risks to your developing fetus. Please tell a member of our team if you are or may be pregnant prior to being escorted to the scan room.
- **Diagnosis of Conditions Unrelated to Area of Concern Upon Exam:** While parts of your anatomy beyond your mouth and jaw may be evident from the scan, your dentist may not be qualified to diagnose conditions that may be present in those areas. If any abnormalities, asymmetries, or pathological conditions are noted after reviewing your scan, this will be discussed with you along with options concerning the findings. Please be advised, your scan review will be limited to the evaluation of the teeth and bone structure surrounding them, and your doctor will not be liable for any undiagnosed conditions that would require further pathological review.

Please sign below as your consent to, and understanding of, the benefits and risks involved with the CBCT scan procedure. If you have concerns before proceeding, please consult a team member. Upon signature, you agree that a certified member of our team may perform the CBCT scan on yourself or dependent. Please note that this scan is included as a courtesy in your initial exam and post-operative care when deemed necessary.

Signature of Patient, or Legal Guardian

Date