

Consent for CBCT Imaging for Diagnostic Records

Patient Name: _____

Date of Birth: _____

Date of Scan: _____

Purpose of CBCT Imaging

Cone Beam Computed Tomography (CBCT) is a specialized 3D imaging technique used to capture detailed views of your teeth, jawbone, and surrounding structures. This scan allows your orthodontist to accurately diagnose and plan your treatment by providing comprehensive insights that may not be visible through traditional x-rays.

Benefits of CBCT Imaging

- Enhanced visualisation of teeth, roots, and jaw alignment.
- Precise evaluation of bone structure, airway, and other anatomical features.
- Improved treatment planning for orthodontic, surgical, or restorative procedures.

Potential Risks

CBCT imaging involves a small dose of radiation. While the exposure is minimal, it is important to limit radiation when unnecessary. Rest assured, CBCT scans are performed following safety guidelines to minimize any risk to your health.

Patient Responsibilities

Please inform your orthodontist or the team if:

- You are or may be pregnant.
- You have any metal implants or devices in your head or neck that could affect imaging.

Acknowledgment and Consent

I understand the purpose of the CBCT scan and its importance in diagnosing and planning my orthodontic treatment. I acknowledge that I have been informed of the benefits and potential risks associated with the scan. I consent to having the CBCT imaging performed as part of my diagnostic records.

Patient/Parent/Guardian Name: _____

Signature: _____

Date: _____

If you have any questions or concerns regarding the CBCT imaging, please do not hesitate to ask your orthodontist or a member of the team.