

ST. CATHARINES ORAL SURGERY

Consent for CT SCAN

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 b3e 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 below 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.

Our office will email your scan to an oral radiologist for a fee to review the CBCT scan and produce a detailed report for your dentist.

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 the above in the precence of _____ and that I understand the procedure to be used and its benefits, risks and alternatives. I acknowledge that I have had a full opportunity to discuss this matter with Dr. Duchnay or Dr. Vigna and have had my questions answered. I give my consent to have him perform a CT scan.

Patient signature/legally authorizes representative

Relationship

Printed name if signed on behalf of the patient

Date

