

Service Level Agreement for the Referral of Patients to Hospital Lane Dental Clinic for Dental Cone Beam CT Examinations.

Address of CBCT Practice:

Hospital Lane Dental Clinic, Lord Less Grove, Blue Bell Hill, Kent. ME5 9PE

Telephone 01634 842566 Email: reception@hospitallane.com

Legal Person*: Anthony Auger

Address of Referring Practice:

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Tel:

Email:

Legal Person*:

1 Entitlement of Persons (For Completion by Referring Practice)

Enter below details of the persons at referring practice who will refer patients for CBCT examinations and or report on the dental CBCT images. Evidence of training meeting the requirements of the HPA-CRCE-010 Core Curriculum in Dental CBCT must be provided.

Name of Referrer:

GDC Reg Number:

IRMER ROLE: Referrer / Operator / Reporting:

Training/Registration of referrer Checked by Hospital Lane

2 Signatures of Agreement:

We the undersigned agree:

- To use the referral criteria stated above
- That evidence of adequate training has been provided for the referrer named above appropriate to their IRMER roles.
- That adequate information will accompany each referred patient to allow for the justification process as set out in the HLDC CT referral form.

Anthony Auger* (Hospital Lane)

Legal Person* (Referring Practice)

Signed **Date**.....

*The legal person is the person/body corporate that takes legal responsibility for implementing the ionising Radiations Regulation 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017 within the Practice. ©Hospital Lane Dental and Implant Clinic 2019