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iCat® CBCT Cone Beam Scan Information

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Orthodontic Specialists of Green Bay, Ltd. offers iCat® CBCT (Cone Beam Computer Assembled Tomography) imaging, for our patients and referred patients from other doctors. This technology is sometimes referred to as 3D radiographs or x-rays. Using CBCT means we have the ability to take 3D images of teeth, jaws, bones and facial structures at lower costs and with significantly less energy than a typical CT scan used in hospitals. This type of imaging provides us the opportunity of improved diagnosis for our patients, especially in cases of impacted teeth, dental implants, surgical treatment, as well as more complex cases. Understandably, you may have questions about exposure to these types of x-rays. Here are some facts you should know about our 3D imaging:

iCat® CBCT EXPOSURE FACTS (@8.9 seconds):

- 1/2 as much as a full series of digital dental images\*
• 1/5 as much as a full (28) mouth series of standard dental x-rays\*
• 1/70 as much as a typical medical CT scan\*
\* values are approximate

CBCT offers our patients enhanced diagnostic value at a significantly reduced exposure. Simultaneously, CBCT scans can image the entire head and most of the neck. As dentists and orthodontists, we evaluate teeth, jaws and surround supporting bone using CBCTs for those limited purposes. Our training and dental license does not provide for evaluating and diagnosing outside those areas. However, since CBCT imaging can cover a broader area, we want to offer you the opportunity to have your CBCT scan read by an oral radiologist, trained and licensed to evaluate and diagnose a broader area. CBCT may show evidence of disease of the cervical spine, skull or arteries. We can refer you to a radiology group for this purpose. The cost is \$50.00 which may not be covered by your insurance. If you are interested in taking advantage of this service, please sign/initial the applicable section below.

[ ] Yes, I would like to have my iCat CBCT scan read by an oral radiologist and understand that I'm responsible for additional costs.

Email results to: \_\_\_\_\_

Mail results to: \_\_\_\_\_

[ ] No, I understand the risks and benefits of having my CBCT read and interpreted by an oral radiologist, however, I knowingly decline the referral.

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Patient ID#

\_\_\_\_\_  
Reason for scan

\_\_\_\_\_  
Date of scan

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date