



Service level agreement between:

Referring practice:

Address of referring practice:

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.....
.....
.....
.....

Tel:

Email:

And

Vitruvian Dental Studio
Unit 15, The Springs
Thorpe Park View
Leeds
LS15 8GH

Tel: 0113 322 0861

Email: Hello@vdsleeds.co.uk

Referral criteria for dental exposures:

The following documents (and updates) will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental radiology examinations:

- Radiation protection no.172 for CBCT imaging (<https://ec.europa.eu/energy/sites/ener/files/documents/172.pdf>)
- FGDP and RCR selection criteria for dental radiography. 3rd ed.2003

Entitlement of persons and signatures of agreement:

Enter details below of persons at the referring practice who will refer patients for dental CBCT examinations and/or report on dental CBCT images. Their signatures confirm their agreement with the legal statement below.

Legal Statement:

- 1) I agree to use the referral criteria stated above and that adequate information will accompany each referred patient to allow the justification process to proceed as set out on Vitruvian Dental Studio's referral form.

- 2) I agree to make my own arrangements for reporting on my own radiographs and CBCT scans taken at Vitruvian Dental Studio.

- 3) I understand that if I choose to report on 2D dental radiographs and CBCT scans myself, then I accept responsibility for ensuring that I am adequately trained to do so and may be required to provide evidence of this to Vitruvian Dental Studio.

Names(s)	GDC/GMC registration no.	IRMER roles (tick) Referrer and Operator (clinical evaluation)	Signature

For the referring practice:

For Vitruvian Dental Studio

The legal person* is:

The legal person* is: Vitruvian Dental Studio

Signature:

Signature:

Date:

Date:

*The legal person is the person/body corporate that takes legal responsibility for implementing the IRR and IRMER within the practice.e