

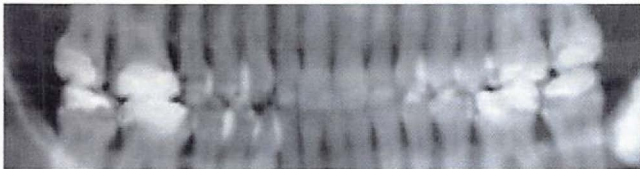
Consent for **Cone Beam CT Scan (CBCT)**

Dear patient:

As part of our comprehensive treatment evaluation, we have implemented CBCT as our routine diagnostic tool. CBCT is a minimal-radiation, **3-Dimensional x-ray** that provides us a better view of the upper and lower jaws, TMJ, and sinuses which cannot be captured by regular X-ray (see below). CBCT is used as a diagnostic tool that may detect possible root fractures, cysts, lesions and even cavities that can go unnoticed otherwise. It can also help to save a tooth that seems hopeless on regular x rays, or evaluate the amount of bone available for implant planning, and much more.

We require a CBCT for all patients and additionally for procedures such as root canals, wisdom teeth extractions, implants, patients who snore or have TMJ pain.

Insurance companies do not pay for this invaluable service. The fee for CBCT is \$500 but we have discounted it for **\$225** when you proceed with the suggested treatment plans.



Example, the CBCT of the same patient (right image) shows a large cyst that you won't see on the check up X-ray on the left image. **Don't risk your health!**

Unless needed for implant, bone graft, root canal procedures, a CBCT is indicated once every 3-5 years as a routine evaluation. Same as a chest X-ray that is recommended by your physician on your physical exam.

- Yes.** I consent and would like to have a CBCT 3-D X-ray taken as part of my evaluation
- No.** I Decline to have a CBCT taken and I assume all the risks from not having to take one.

Patient's Name: _____ **Date:** _____

Signature: _____