

Service-Level Agreement for the referral of patients to Scottish Orthodontics for CBCT Examinations

This agreement is between:		
Scottish Orthodontics 27 Morningside Park Edinburgh EH10 5HD Tel: 0131 447 2964 Email: morningside@scottishorthdontics.com	Clinician Name: GDC No: Address: Tel: Email:	
Referral (required)		
I declare that I have received training in CB UK guidelines.	CT referral and will use CB	CT selection criteria, as per current
Reporting		
Tick one of the following: (required)		
I will make my own arrangement for the rep Orthodontics. This will be done by someone adeq of Dental Cone Beam CT.		
I will report my Cone Beam CT scans acquire trained to interpret cone beam CT scans as per H CT. I will ensure that my training remains up to c	PA-CRCE-010-Guidance o	
These guidelines are available on https://www.gov.uk/government/uploads/syster 010_for_website.pdf	m/uploads/attachment_da	ata/file/340159/HPA- CRCE-
For the Cone Beam CT Centre	For the	Clinician
Signature:	Signatur	e:
Date:	Date: .	
36 London Street, Edinburgh, EH3 6NA Tel: 0131 556 2155 Fax: 0131 556 4 High Street, Musselburgh, EH21 7AG Tel: 0131 665 0002 3 The Parkway Retail Square, Livingston, EH54 6ZW Tel: 01506420003 Fa 21 The Square, Penicuik, Midlothian, EH26 8LH Tel: 01968 664 880	47 Whytescause 210 Viewfield Te 67 Kirkton Street	Park, Edinburgh, EH105HD Tel: 01314472964 Fax: 01314477004 way, Kirkcaldy, Fife, KY11XD Tel: 01592261019 trace, Dunfermline, KY127JH Tel: 01383720310 Fax: 0138372214 et, Carluke, ML84AD, Tel: 01555752301