



Teeth to be proud of...

Service Level Agreement for the referral of Dental CBCT & OPG Examinations

Referring Practice	ID Reference:	Receiving Practice
Name:		Name: Little Common Dental Practice
Address:		Address: 65 Barnhorn Road Bexhill-on-Sea TN39 4QB
Tel:		Tel: 01424 845530
Email:		Email: info@littlecommondental.co.uk
Name of Employer:		Name of Employer: Mr Ali Hussain

Referral Criteria
The document specified here will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental radiographic examinations:

Entitlement of people					
Enter below the details of all people at referring practice who will refer patients for radiographic examinations and/or report on dental images. Evidence of suitable training must be provided.					
For completion by referring practice:				For completion by receiving practice:	
Names	GDC/GMC Registration number	IRMER 2017 roles (tick)		Training ok?	Registration ok?
		Referrer	Operator (reporting)		

Signature of agreement			
We the undersigned agree: (1) to use the referral criteria above; (2) that evidence of adequate training has been provided for each of the people named above appropriate to their IRMER17 roles; (3) that adequate information will accompany each referred patient to allow the justification process to proceed, as set out in the standard imaging referral form attached.			
For the referring practice		For completion by receiving practice	
Name*		Name*	Mr Ali Hussain
Signature		Signature	
Date		Date	

* The person who signs here should be the employer or, in the case of a body corporate or other situation where the "employer" may not be available, a suitable representative (eg: a dentist at the practice who is involved with the referrals) who is able to sign on the employer's behalf.