Menlo Park Dental Excellence/ChauLong T Nguyen Dental Corporation
Dr. ChauLong Nguyen, DDS, MAGD, LLSR, AFAAID

905 Middlefield Rd, STE B, Palo Alto, CA 94301
Office #: (650) 838-0260 Email: chaulongdds@protonmail.com

Discussion and Informed Consent for CBCT Scan

Patient Name: _____**Date**:_____

Use CBCT Scan for Diagnosis & Planning of: _____
I understand that by signing below I am authorizing for the CBCT scan to be performed and I have read and understand the entirety of this form, including the possible risks and complications of the chosen scan and the available alternatives.

IMPORTANT INFORMATION:
A CBCT scan, also known as Cone Beam Computerized Tomography, is an X-ray technique that produces 3D images of your jaw bones (maxilla and mandible) that allows visualization of internal bony structures in cross section rather than as overlapping images typically produced by conventional X-ray exams. CBCT scans are primarily used to visualize 3 dimensions of bony structures, such as teeth and your jaws, not soft tissue such as your tongue or gums.

ADVANTAGES of a CBCT Scan over conventional X-rays:
A conventional X-ray of your mouth limits your dentist to a two-dimensional or 2D visualization. Diagnosis and treatment planning can require a more complete understanding of complex three-dimensional or 3D anatomy. CBCT examinations provide a wealth of 3D information which may be used when planning for dental implants, surgical extractions, maxillofacial surgery, and advanced dental restorative procedures.

BENEFITS of CBCT Scans include:

- Higher accuracy when planning implant placement surgery
- Greater chance for diagnosing conditions such as vertical root fractures and difficult access to small root canals that can be missed on conventional X-ray films
- Greater chance of providing images and information which may result in the patient avoiding unnecessary dental treatment
- Better diagnosis of third molar (wisdom teeth) positioning in proximity to vital structures such as nerves and blood vessels prior to removal
- The CBCT scan enhances your dentist's ability to see what needs to be done before treatment is started

RISKS include:

1) **Radiation**: CBCT Scans, like conventional X-rays, expose you to radiation. In the office of Dr. ChauLong Nguyen, the dose of radiation used for CBCT examinations is carefully controlled to ensure the smallest possible amount is used that will still give a useful result. However, all radiation exposure is linked with a slightly higher risk of developing cancer. But the advantages of the CBCT scan outweigh this disadvantage.
2) **WOMEN - Pregnancy**: Women who are pregnant are not recommended and should not undergo a CBCT scan due to the potential danger to the fetus. Please tell the dentist if you are pregnant or planning to become pregnant. (Initial below as appropriate)
   ____ I am NOT pregnant ____ I am pregnant ___ I am unsure whether I am pregnant
3) **Diagnosis of non-dental conditions:** While parts of your anatomy beyond your mouth and jaw may be evident from the scan, your dentist may not be qualified to diagnose conditions that may be present in those areas. If any abnormalities, asymmetries, or common pathologic conditions are noted upon the CBCT scan, it may become necessary to send the scan to an Oral and Maxillofacial Radiologist for further diagnosis. However, by signing this form, you are acknowledging that your dentist may not be qualified to diagnose all conditions that may be present, and that her liability only extends to the limits of the dental purpose of the scan and its interpretation for that purpose.

PLEASE SIGN THIS FORM IF YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ACCEPT THE RISKS AND ADVANTAGES NOTED.

I, _____, being 18 years or older, certify that I have read the above statement. I understand the procedure to be used and its benefits, risks, and alternatives. I have been given the opportunity to have my questions answered and accept the risks of the CBCT scanning procedure as described above. I therefore give my consent to have Dr. ChauLong Nguyen, DDS and her staff as she may designate and perform a CBCT scan. While the scan may be covered by medical/dental insurance, I accept any financial responsibility for this scan and authorize this scan.

_____ _____
Patient's (or Patient's Representative) Signature Date

_____ _____
Witness (Staff) Signature Date

_____ _____
Dentist Signature Date