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RECORD OF DISCUSSION AND INFORMED CONSENT FOR CBCT

A CBCT scan---also called cone beam computerized tomography ---is an x-ray technique that is similar to medical CT scans. They produce images of your body that depict internal structures in cross section rather than the overlapping images typically produced by conventional X-ray exams.

A conventional x-ray of your mouth limits us to a two dimensional (2D) view. Diagnosis and treatment planning requires a more complete understanding of complex root canal anatomy and associated disease. By utilizing a CBCT, we have an enhanced ability to understand conditions that can be missed on a conventional x-ray.

WOMEN: CBCT scans are NOT recommended for pregnant women because of possible danger to the fetus. (Initial below as appropriate)

- I am not pregnant
 I am pregnant
 I am unsure whether I am pregnant

RISKS: CBCT scans, like conventional x-rays, expose you to radiation. The dose is approximately the same as the following U.S. background radiation equivalents: 1 day for upper teeth, 3 days for lower front teeth and 5 days for lower back teeth. An alternative to a CBCT scan are conventional dental x-rays, however, they have the limitations previously noted.

While parts of your anatomy beyond your mouth and jaw may be seen on the scan, your dentist is not a physician or specialist to make assessments concerning your anatomy beyond your mouth or jaw. If the report raises a question as to something unusual outside the specific area of the mouth or jaw, your dentist may refer you to a physician for an evaluation. In such an event, our office can place the image on a CD. You should also understand that CBCT images do not show most soft tissues or fluids, so some problem areas may have to be imaged with other methods.

The scan provides us with an image of anatomical areas beyond your mouth and jaws. If the image suggests something unusual beyond the scope of our expertise, we may refer you to a physician or specialist for an evaluation.

FEES: CBCT scan and read with endodontic treatment = \$150.00, CBCT scan and read for consultation only (no endodontic treatment indicated) = \$215.00. *CBCT X-ray scans utilize a new technology and in most cases your dental and/or medical insurance carrier will consider this procedure to be a necessary but a non-covered service.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT AND AGREE WITH WHAT IT SAYS

I, _____, being 18 years or older, certify that I have read this consent form in the presence of _____ (Please Print), and that I understand the procedure to be performed, and its benefits, risks and alternatives. I acknowledge that I have had a full opportunity to discuss this procedure with Dr. Hirschman or their designee, and have had any/all questions answered to my satisfaction. Thus, I give my informed consent to Dr. Hirschman and their designated staff to perform the CBCT scan.

Signature of Patient or Legal Guardian: _____

Date: _____

For OFFICE USE ONLY (Preliminary Medical Codes):

- | | |
|---|---|
| 522.0 Pulpitis | 521.81 Cracked tooth |
| 522.1 Necrosis of the pulp | 521.89 Other specific diseases of hard tissues of teeth (irradiated enamel, sensitive dentin) |
| 522.2 Pulp degeneration | 526.4 Inflammation of the Jaw |
| 522.3 Abnormal hard tissue formation in pulp | 526.5 Alveolitis of Jaw |
| 522.4 Acute apical Periodontitis of pulpal organ | 729.2 Neuralgia/Neuritis/Sphenopalatine Neuralgia |
| 522.5 Periapical abscess without sinus | 784.0 Head and/or neck Pain |
| 522.6 Chronic apical Periodontitis | 908.6 Late Effect of Trauma |
| 522.7 Periapical abscess with sinus | E929.6 Late Effect of Motor Vehicle Accident |
| 522.8 Radicular cyst | 338.11 Acute Pain Due to Trauma |
| 522.9 Other and unspecified diseases of pulp and periapical tissues | 338.18 Acute Postoperative Pain, Other |
| 521.00 Dental caries, unspecified | 338.19 Acute Pain, Other |
| 521.6 Ankylosis of teeth | 360.2 Atypical Face Pain |
| 521.7 Intrinsic post-eruptive color change | |