

**PROGRESSIVE
IMPLANTOLOGY
PERIODONTICS**

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Consent for CT Scan

This is to certify and authorize Progressive Implantology & Periodontics and its staff to perform a CT scan deemed necessary or advisable to complete the agreed upon treatment plan for periodontal treatment, laser periodontal treatment and/or dental implant surgical procedures.

I understand:

1. CT scans performed by Progressive Implantology & Periodontics are used solely in the diagnosis of periodontal treatment, laser periodontal treatment and/or dental implant surgical procedures and read only to the extent pertaining to your dental treatment. It is recommended that patients ask that their CT scan be evaluated by a radiologist for pathology and that results be sent to the patient's Primary Care Physician.
2. The amount of radiation used during a CT scan is considered minimal; therefore, the risk for radiation exposure is low.
3. Patients should notify the staff of Progressive Implantology & Periodontics if they are pregnant or suspect that they may be pregnant. Radiation exposure during pregnancy may lead to birth defects.
4. There may be risks depending upon a patient's specific medical condition. The patient will discuss any concerns with the staff of Progressive Implantology & Periodontics prior to the procedure.
5. Certain factors or conditions including body piercings and metallic objects within the body (i.e. surgical clips or pacemakers) may interfere with the accuracy of a CT scan and the patient will notify the staff of Progressive Implantology & Periodontics of such factors or conditions.

At Progressive Implantology & Periodontics, we pride ourselves on informing our patients in an open and honest fashion in the interest of helping you make fully informed decisions. We are here to answer any questions you may have regarding your CT scan.

Patient Signature: _____

Print Name: _____ Date: _____

Witness Signature: _____

Witness Name: _____ Date: _____
