

Rose Cottage Dental Practice Service level agreement:

For the referral of patients for Dental Panoramic examinations, and other extra-oral views

Referring practice		Receiving practice	
Address		Address	Rose Cottage Dental Practice 12 West Banks Sleaford NG34 7PX
Tel		Tel	01529302143
Email		Email	rosecottage@nhs.net
Name of employer*		Name of employer*	Edward and Kirsty Gayton

Referral criteria
The document(s) specified here will be used by both parties as the basis for the referral of patients and the justification/authorisation of dental radiographic examinations: Selection Criteria for Dental Radiography – FGDP 2018

Entitlement of people					
Enter below the details of all people at the 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	IRMER17 roles (tick)		Training OK?	Registration OK?
		Referrer	Operator (reporting)		

Signatures 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. (4) that the images produced will be reported on by the referring practice.			
For the referring practice		For completion by receiving practice	
Name*		Name*	
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.