



Embracing your beautiful smile!

iCAT® 3-D RADIOLOGY INFORMED CONSENT

We, here at Novick Orthodontics are now offering an exciting and innovating new technology for our patients and patients of other doctors who might be referred here. We present the newest generation of i-CAT® Cone Beam 3-D radiology system. This technology is sometimes referred to as 3-D radiographs or x-rays. The advantages of using the i-CAT® Cone Beam radiology system are that we can now take 3-D images of the teeth, jaws, bones and facial structures with less energy than a regular hospital CT scan and at a lower cost. 3-D imaging helps to obtain a more improved diagnosis for our patients, especially for those with difficult cases including impacted teeth, dental implants, surgical treatment, and even more complex cases. We understand your concern about exposure to these types of x-rays. Here are some facts that may be helpful.

The 8 second i-CAT® 3-D radiology exposure is:

- ♦ About ½ as much as a full series of traditional 2-D orthodontic digital images.
- ♦ About 1/5 as much as a full mouth series of standard dental x-rays (28 films).
- ♦ About 1/70 as much as a typical medical CT scan.

i-CAT® 3-D radiology system offers our patients enhanced diagnostic value at significantly reduced exposure. We are also able to get an image of the entire head and most of the neck. We, as orthodontists and dentists evaluate the teeth, jaws, and the surrounding bone using the i-CAT® 3-D radiology system for those limited purposes. Our dental licenses and training do not include diagnosis and evaluation outside those areas previously mentioned. **Since i-CAT® 3-D imaging can cover a broader area, we would like to offer you the opportunity to have your i-CAT® 3-D scan read by a certified oral radiologist who has the training and license necessary to evaluate and diagnosis a broader area. An i-CAT® 3-D scan may have the ability to show evidence of disease of the cervical spine, skull or arteries. Upon your request we can refer you to a radiology group for this purpose.** The cost is \$75.00 which may not be covered by your insurance. If you are interested in taking advantage of this service, please initial the applicable section and sign the acknowledgment below.

- () Yes, I want to have my/my child's i-CAT® 3-D scans read by an oral radiologist. I understand that I am responsible for additional costs.
- () No, I understand the risks and benefits of having my/my child's i-CAT® 3-D scans read and interpreted by an oral-maxillofacial radiologist. However, I am knowingly declining such a referral.

Print Patient Name Patient ID#

Reason for scan Date of scan

Print Responsible Party Name

Signature of Responsible Party Date

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