

DOCUMENTATION FOR DIAGNOSTIC TESTING

RADIO DENTAL EXTRA Korlátolt Felelősségű Társaság (seat: Hungary, 1164 Budapest, Cinkotakert utca 5/2.site: Hungary, 1082 Budapest, Üllői út 2-4. földszint; statistical code: 24797410-8690-113-01; company registration number: 01-09-182921) as service provider – hereinafter: “Provider” – is a healthcare provider under Act CLIV of 1997 on Health (hereinafter: “Health Act”) entitled to provide health services (Outpatient Care / Diagnostics / Other Care / Telemedicine and application of radiology procedures / Ultrasonography) – hereinafter: “health services” – on its own behalf, and to that end operates a 3D CBCT and X-Ray Centre at its site.

Information by the Provider:

Provider informs the Client separately about the following information related to the tasks of health workers:

Health workers provide healthcare with the care normally required in the given situation, within the limits of their professional requirements, in compliance with ethical rules, according to their best knowledge and conscience, at the level of material and personal conditions at their disposal, in accordance with their professional competence. Healthcare workers – unless doing so adversely affects the health of the patient, and while directing the patient to another physician – may refuse to fulfil a medical task if it contradicts their moral judgment, conscience or religious beliefs.

Provider informs the Client separately about the following information related to health services and the application of radiological procedures:

When carrying out a medical task, radiological procedures may only be used in cases, and only to the extent, where professionally justified and in the interest of the person receiving the exposure, provided that the risk associated with the application is less than the risk of non-application, and that the results expected from radiation exposure are not achievable through other available medical procedures not involving radiation exposure. In order to substantiate the justification of a radiological procedure, the professional association issues a letter on methodology to the referring physicians about the professional requirements of the application, including the estimated patient doses. When applying a radiological procedure, in order to optimize the radiation exposure and to substantiate the justification, the referring physician and the treating physician shall arrange for the acquisition of prior diagnostic data relevant to the application of the intended procedure and, if necessary, ensure their delivery. The referring and the treating physician shall work together to determine whether the radiological procedure is justified. The treating physician is responsible for all medical applications of radiological procedures. The treating physician may delegate the implementation of the procedure or a part thereof to a qualified healthcare worker. The responsibility of the treating physician for the application of radiological procedures shall include: (a) the justification of the procedure; (b) the optimization of radiation exposure; (c) the clinical evaluation of diagnostic results; (d) practical cooperation with other experts and health professionals, where appropriate; (e) to obtain, where possible, data and other information from previous examinations; (f) the provision of available data and other information to the clinician or other treating physician referred to in this regulation and in accordance with specific legislation; (g) the provision of information to patients and persons involved in the examination on the risks of ionizing radiation under specific legislation.

Given the above, Provider shall perform health services on the basis of the medical referrals it receives. In the absence of a referral, Provider will only provide health services if the patient declares in writing that he/she believes that the medical condition justifies immediate care and that a visit to the physician authorized to issue a referral would significantly delay his/her treatment. In this context, Provider may not be held liable for any damage resulting from unreasonable use of the health service.

Provider informs the Client separately about the following special information related to the application of radiological procedures:

In X-ray examinations, imaging is done using ionizing radiation, which can have a detrimental effect on living organisms. However, in case of appropriate indication, the information expected from the test is more useful for the Client's health than the risk of exposure. In order to minimize radiation exposure, Provider places great emphasis on radiation protection for clients and workers as required by law. Dental and dental surgery radiology has a well-defined scope of indication. Its purpose is to produce the most appropriate diagnostic image quality to minimize Client exposure. The most common are intraoral X-rays ("minor X-ray") and panoramic X-ray imaging that provide an overview of the patient's dental status, or possibly the so-called "full status" required for periodontal treatments, but with greater radiation exposure. The next level constitutes of radiography that may be requested as supplementary information, including occlusal ("wing-bite") X-ray, transverse layer imagery (some panoramic X-ray equipment may have such additional recording capability), cephalometric projection, occasionally arch radiography, posteroanterior sinus radiography, etc., and "cone beam CT imagery", also known as digital volume tomography. Or, based on appropriate indication, CT or MR imagery. The advantages of CT scans that were previously dominant in three-dimensional X-ray diagnostics are well known; the only limit of its application is the high radiation exposure associated with the test. The above X-ray examinations do not require preparations at home, you may eat and drinking beforehand and should take your regular medications. We will ask you to remove all metallic accessories (necklace, earrings, watches, etc.) right before the examination.

Ultrasonographies are gentle and painless procedures that use sound waves to for the medical imaging of the body in 3 dimensions, in that way the examinations are used to assess internal medicine, endocrinology, urology, gynecology, joint and vascular problems. The procedure does not require invasive intervention, the ultrasound waves are directed to the body by using a probe of which are capable of imaging with the waves reflected from the body. Food should not be consumed six (6) hours prior to abdominal and pelvic ultrasound, it is recommended to consume only non-carbonated (still) water for fluid intake and fluid replacement. A pelvic ultrasound examination requires a full bladder, do not urinate one or two (1-2) hours before the examination, a little more water to drink is recommended.

The Service Provider informs the Patient about the fact that the time of preparation of the written expert opinion indicated on the website operated by the Service Provider is informative, which may differ from the deadline indicated on the website.

Client Declarations:

If you have a referral:

1. By signing this document, I, the undersigned Client, hereby declare that I have been fully informed by the Provider:
 - on patients' rights and the options of enforcing them, as well as the Provider's house rules;
 - that I am obliged to observe the relevant legislation and the Provider's operating rules when using the health service; and
 - that I am obliged to pay the fee set by the Provider.

2. I, the undersigned Client, being aware of the information provided to me, ask you to carry out the diagnostic test specified in the referral issued to me and handed over to the Provider.

3. I acknowledge that the test is considered an invasive intervention (physical intervention through the skin, mucous membrane or bodily orifice of the patient, not including interventions that are of professionally negligible risk to the patient, as well as ultrasonography), to which I give my consent by signing this declaration.

4. Finally, I declare that I have familiarized myself with and acknowledge the provisions of the Provider's Privacy Policy, and by signing this declaration, pursuant to the provisions of Act CXII of 2011 on the Right of Informational Self-Determination and on Freedom of Information and Act XLVII of 1997 on the Protection and Processing of Medical and Other Related Data, I give my written consent to the Provider to process and transmit, for its intended purposes, my personal data and sensitive personal data recorded. In addition, by signing this declaration, I give my consent to the Provider to send e-mail messages for marketing purposes to the e-mail address I have specified.

Signature

Name

Date

If you do not have a referral:

1. By signing this document, I, the undersigned Client, hereby declare that I have been fully informed by the Provider:
 - on patients' rights and the options of enforcing them, as well as the Provider's house rules;
 - that I am obliged to observe the relevant legislation and the Provider's operating rules when using the health service; and
 - that I am obliged to pay the fee set by the Provider.
2. I, the undersigned Client, being aware of the information provided to me, ask you to carry out the diagnostic test on me even without a referral issued to me as I believe that my medical condition justifies immediate care and that a visit to the physician authorized to issue a referral would significantly delay my treatment! I have understood the content of this document regarding the lack of referral and acknowledge that I shall bear the risks arising from procuring health services without a referral.
3. I acknowledge that the test is considered an invasive intervention (physical intervention through the skin, mucous membrane or bodily orifice of the patient, not including interventions that are of professionally negligible risk to the patient, as well as ultrasonography), to which I give my consent by signing this declaration.
4. Finally, I declare that I have familiarized myself with and acknowledge the provisions of the Provider's Privacy Policy, and by signing this declaration, pursuant to the provisions of Act CXII of 2011 on the Right of Informational Self-Determination and on Freedom of Information and Act XLVII of 1997 on the Protection and Processing of Medical and Other Related Data, I give my written consent to the Provider to process and transmit, for its intended purposes, my personal data and sensitive personal data recorded. In addition, by signing this declaration, I give my consent to the Provider to send e-mail messages for marketing purposes to the e-mail address I have specified.

Signature

Name

Date

