

**CORK UNIVERSITY DENTAL SCHOOL & HOSPITAL**

**Letter of Support from Supervising dentist**

**TO UNDERTAKE THE DENTAL RADIOGRAPHY COURSE FOR DENTAL NURSES AND DENTAL HYGIENISTS**

**I agree to the following conditions:**

* I will supervise the dental nurse in the following radiographic technique

Intra Oral

OPG

Lateral Ceph

I will sign the radiographic logbook relating to images made by the student

* The practice has and will use image holders/positioning devices on all patients for bitewing and periapical images
* I will supervise the student for any assessments that occur while under my supervision

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| --- | --- |
| *Name:* | *Practice Address:* |
| *Daytime Telephone Number:* | *E-mail address:* |
| *Signature:* | *Date:* |

**I attach a copy of the license/ registration to use x-ray machines from the EPA**