

DENTAL IMAGING REFERRAL FORM

<input type="checkbox"/> OPT	£65		
<input type="checkbox"/> CBCT Scan	£120	<input type="checkbox"/> Written report* <i>(allow 5-7 working days)</i>	£250
<input type="checkbox"/> 3D Intra Oral Scan	£75		

Payment Method : Invoice Patient Invoice Clinician

Delivery Style : CD to patient CD to clinician Email clinician

Referrer Details:

Name : GDC No

Practice Name/ Address & Postcode

Tel: email

Patient Details:

Name: Date of Birth

Address & Postcode Referrer details

Tel / Mob email

Reason for Referral / special Instructions / anatomy to see:

Image Resolution (Voxel Size):

V Low (400) Low (300) Normal (150) High (75 – sectional only / endo)

For Implants (indicate location / size)

Maxilla Mandible Both Sectional
(8x5) (8x5) (8x8) (5x5)



Is you patient bringing a stent to wear? YES NO

*If you are not having reported then you need to arrange a report yourself, or have appropriate training as per IR(ME)R 2000/08.
All reports are sent to a clinical radiologist.

For Office Use Only

Date Received	Date Contacted Patient
Date Booked	
Date Scanned	Scanned by (initials).....
Date Returned	Method Returned CD / USB / Online