CBCT referral form

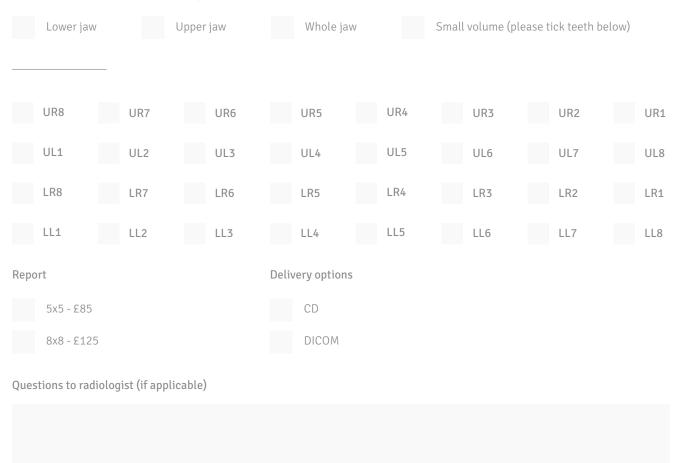


First name of patient		Surname of patient	
Gender of patient D	Date of birth of patient		
Male Female			
Address			
Patient contact number			Possibility of pregnancy? Yes No
First name of referring dentist			
Surname of referring dentist			
Practice phone number			
Practice address			
Practice e-mail address		Payme	nt
			Patient to pay Dentist to pay
What examination is required?		Clinica	l indication why scan will be taken *
Digital Cephalometric	Digital Panoramic	£60	
With tracing report	Optical scan		
Cone Beam CT £100	Model		
My patient will wear a stent	Wax-up		

CBCT referral form



Status of condition (tick all that apply)



IRMER 2000 Regulations: UK Dental Specialists does not report upon scans or radiographs. To comply with the IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. UK Dental Specialists strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. UK Dental Specialists offers a reporting service by a Consultant Radiologist.