

# CBCT referral form



UK Dental Specialists  
at Chiswell Green

First name of patient

Surname of patient

Gender of patient

Male

Female

Date of birth of patient

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

Payment

Patient to pay

Dentist to pay

What examination is required?

Digital Cephalometric

Digital Panoramic £60

With tracing report

Optical scan

Cone Beam CT £100

Model

My patient will wear a stent

Wax-up

Clinical indication why scan will be taken \*

# CBCT referral form



UK Dental Specialists  
at Chiswell Green

Status of condition (tick all that apply)

Lower jaw     Upper jaw     Whole jaw     Small volume (please tick teeth below)

UR8     UR7     UR6     UR5     UR4     UR3     UR2     UR1  
 UL1     UL2     UL3     UL4     UL5     UL6     UL7     UL8  
 LR8     LR7     LR6     LR5     LR4     LR3     LR2     LR1  
 LL1     LL2     LL3     LL4     LL5     LL6     LL7     LL8

Report

5x5 - £85  
 8x8 - £125

Delivery options

CD  
 DICOM

Questions to radiologist (if applicable)

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.