

CBCT & OPG Referral Form

Referring dentist details:

Title:
 Name:
 Practice address:

 Tel number:
 Email address:

Patient details:

Title:
 Name:
 Date of Birth:
 Address:
 Home number:
 Mobile number:
 Email address:

Clinical indications: (please complete)

.....

Referrer signature: Image required: Digital panoramic CBCT

Radiologist report required Yes(£95) No

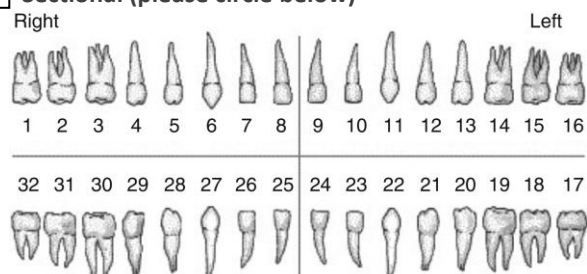
Justification for X-rays:

- Implants
- Bone Graft
- Impacted teeth
- Endodontics
- Sinus Exam
- TMJ
- Oral Pathology
- Ortho

Area of interest:

- Mandible Maxilla Both Jaws

Sectional (please circle below)



Is the patient coming with a radiographic stent?

- Yes No

Is the patient possibly pregnant?

- Yes No

*Patient is aware of fee payable on the day - £50 OPG
 £150 CBCT scan*

Our files will be exported and bundled with the Planmeca Romexis viewer, which can be sent electronically (free) or posted on a USB (£10).
 The Clock Dental Practice does not routinely report on CBCT scans. To comply with the IR(ME)R 2000 regulations all CBCT scans are required to be reviewed and reported in the clinical notes by the referring practitioner or by a radiologist. We can provide a radiologist report at an extra cost of £95.

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