



CT/OPT Referral form to Email/Post  
Advanced Dental Care  
1 Wood St, SWINDON SN1 4AN  
Fax – 01793 527032  
E-mail : reception@onewoodstreet.net

Patient Name (Title)

\_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Referring Dentist Details

Dentist Name \_\_\_\_\_

Practice \_\_\_\_\_

What scan would you like? OPT  CT

Reason for Scan \_\_\_\_\_

Dentist Signature \_\_\_\_\_

GDC Number \_\_\_\_\_

Date \_\_\_\_\_

Scan Information

I will provide my own report

Consultant Radiologist Report

Costs

OPT £50

CT Scan – All sizes £140

CT Report £80