



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 Large £80

Small £60