

CBCT/OPT REFERRALS:

REFERRING DENTIST DETAILS

Full Name: GDC No: Date Referred:

Address:

Telephone:

E-mail:

Please ensure we have your email address to forward digital images and reports.

PATIENT DETAILS

Patient's Name: Date of Birth:

Patient's Address:

Tel:

E-mail:

Digital Panoramic

CBCT Area/Tooth to be scanned:

FIELD OF VIEW (cm):

8.0 x 8.0 8.0 x 5.0 5.0 x 5.0

Patient to wear Radiographic Marker?

Radiologist Report Required?

Yes

No

Yes

No

REASON FOR REFERRAL (purpose of examination):

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.....
.....

Referring Dentist Signature:GDC No.....

Authorised exposure by (for use of One Wood Street):

Signed

Costs

OPT £95

CT scans (all sizes) £190

Radiologist Report £90