

DENTAL IMAGING REQUEST

Please send the form to the address below, or give it to the patient for same day appointments

Patient Details		
Name		D.O.B
Address		
Postcode	Tel	Mobile
Email		Possibility of pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No

Referring Practitioner Details	
Name	Tel
Practice Address	Postcode
Email	

To comply with the IR(ME)R 2000 regulations, all radiographs and CBCT scans are required to be justified, reviewed and reported into the clinical notes by the referring practitioner or by a radiologist.

We are unable to provide a report for your requested radiographs and CBCT images unless you request one.

We strongly recommend that all CBCT and other radiographic examinations are reported upon to rule out the possibility of coincidental pathology, and can arrange to provide a report for your requested images for an additional fee of £85 per image.

PLEASE CHOOSE ONE OF THE BELOW:

- You would like us to arrange for this patient's radiographic examination(s) to be reported upon (£85 per image)
(This report will be sent to you separately)
- You are adequately trained and competent to interpret and report your own CBCT images.

Imaging Details																																																																							
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Does the patient have a radiographic template? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																							
Justification for image	<input type="checkbox"/> Implants <input type="checkbox"/> Endodontics <input type="checkbox"/> TMJ <input type="checkbox"/> Orthodontics <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Sinus Lift <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Bone Graft																																																																						
Image Required	<input type="checkbox"/> 2D Digital Panoramic <input type="checkbox"/> 3D CBCT Imaging (please select field of view) <input type="checkbox"/> 5cm x 5cm (1-4 teeth) <input type="checkbox"/> 5cm x 10cm (Single Jaw) <input type="checkbox"/> 8cm x 8cm (Both Jaws) <input type="checkbox"/> 10cm x 10cm (Both Jaws) <input type="checkbox"/> 8cm x 8cm TMJ views <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both																																																																						
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