



Teeth to be proud of...

CT/OPG Imaging Referral Form

Patient Details	ID Reference:		
Name	DOB		
Address			
Contact tel	H	M	Email
Referrer Details	ID Reference:		
Name			
Address			
Signature			
Date of Referral			
Referrer contact tel			

Select option - please tick The cost of the scan/OPG will be charged directly to the patient

CBCT 3D scan & CD without report	£250 <input type="checkbox"/>	OPG without report	£75 <input type="checkbox"/>
CBCT 3D scan & CD with report	£350 <input type="checkbox"/>	Patient to bring radiographic stent/guide	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please ensure the patient is given the guide/stent prior to their scan appointment, otherwise the scan will be done without it.

Please note the results of the CBCT scan will not be medically evaluated by the Little Common Dental Team, (unless the report has been requested). You, the referrer will be required to do this and to treat your findings accordingly.

Raw DICOM scanning data will be returned to you via a CD with basic viewing software, which will produce a 3D image. A DICOM.dcm version can be provided on request.

Please complete sections below:

Clinical context for requesting a dental CBCT/OPG examination	
Relevant results of history, clinical examination and other imaging	
What information do you want the dental CBCT/OPG examination to provide	
Define the anatomical area that the radiograph should cover	

CT/OPG Imaging Referral Form Cont'd

Justification	
Name of IRMER17 practitioner	
Signature	
Date	
Details of scan/OPG authorised	
Scan/OPG information	
Name of operator	
Signature	
Date of scan/OPG	
Exposure factors used	
Clinical evaluation (reporting)*	
Name of operator (reporting)	
Signature	
Date	
Outcome	
<p>* If, under the service level agreement dental CBCT images will be reported on by the referring practice, this fact should be recorded here. The referring practice will then be responsible for ensuring the clinical evaluation takes place and is properly recorded.</p>	
<p>On completion, retain this form and return a copy to the referring practice.</p>	

For our records	Date received	Date patient contacted	Appointment booked	Discharge date