



**Dental Cone Beam CT and OPG Imaging Referral Form**

*Teeth to be proud of...*

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

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

<b>CBCT 3D scan &amp; CD without report</b>	£200	<b>OPG without report</b>	£50
<b>CBCT 3D scan &amp; CD with report</b>	£300		

**Will the patient bring a radiographic stent/guide?**      Yes      No

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

**Please complete sections below and overleaf:**

<b>Clinical context for requesting a dental CBCT/OPG examination (as required by IRMER 2000 guidelines)</b>	
<b>Relevant results of history, clinical examination and other imaging</b>	
<b>What information do you want the dental CBCT/OPG examination to provide</b>	
<b>Define the anatomical area that the scan(s)/radiograph should cover</b>	

## Dental Cone Beam CT and OPG Imaging Referral Form Cont'd

<b>Justification</b>	
<b>Name of IRMER17 practitioner</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Details of scan/OPG authorised</b>	
<b>Scan/OPG information</b>	
<b>Name of operator</b>	
<b>Signature</b>	
<b>Date of scan/OPG</b>	
<b>Exposure factors used</b>	
<b>Clinical evaluation (reporting)*</b>	
<b>Name of operator (reporting)</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Outcome</b>	
<p>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.</p> <p>Raw DICOM scanning data will be returned to you via a CD with basic viewing software, which will produce a 3D image.</p>	
<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><b>On completion, retain this form and return a copy to the referring practice.</b></p>	

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