

3D CBCT Scan or Digital Panoramic Image Referral Form

<p>Imaging referral</p> <p>Referred by:</p> <p>Name</p> <p>Address</p> <p>Email</p> <p>Tel</p> <p>Date / / signature</p> <p>Payment</p> <p>Patient to pay <input type="checkbox"/></p> <p>Referring practice to pay <input type="checkbox"/></p>	<p>Patient details:</p> <p>Title Forename</p> <p>Surname</p> <p>Address</p> <p>DOB / / Tel</p> <p>Possibly pregnant? YES/NO</p>
<p>Examination required:</p> <p>Cone beam CT:</p> <p>Digital panoramic:</p> <p>Purpose (mandatory)</p> <p>Region of interest:</p> <p>Dental</p> <p>Upper jaw</p> <p>Lower jaw</p> <p>Small volume: please use the tooth diagram</p>	
<p>Software options</p> <p>basic viewing software is supplied by us with the images on the disc when returned to your practice</p>	
<p>Delivery options:</p> <p>CD</p>	

✓ I undertake to report on the scan as required by IR(ME)R 2000/2008.