CBCT / OPG
REFERRAL FORM

Referring Dentists Details

Your name

Urgent

Yes

No

Email

Contact number

Practice Address

Patient details

Patient Name (Initial / First name / Surname)

DOB (dd/mm/yyyy)

Gender

Email

Contact number

Address

Medical declaration

Tick Box to indicate there is no contraindication to this patient receiving a Cone Beam CT Scan

Purpose of scan / Area to be scanned

Dentists declarations

Tick box to declare that the patient is fit and scan appropriate for dental assessment, also fit and stability of stent if provided

Tick box to declare you accept that Aesthetic Smiles Dental Spa does not report up on scans and radiographs requested by the referring Dentists.

To comply with IRMER 2000 IRR 99 Regulations all radiographs and scans must be reviewed and reported in to the clinical records by the referring GDP or Radiologist .Scan will be provided in Dicom Tm Format with viewing software
Payment details: Payment to be made by patient £ 99.00/ CBCT --- £ 35/ OPG