RESOLUTION
Specialist Treatment Centre

Date of referral: ..... /..... / .....

# 3D Cone Beam Scanner Referral Form

**Patient's Details:**

Title:.....

First Name: .....

Surname:.....

D.O.B: .....

Patient's address:.....

.....

.....

Postcode:.....

PIN: .....

Home Tel:.....

Work Tel:.. .....

Mobile Tel:.....

Email: .....

Preferred contact method: .....

Notes: .....

.....

.....

**Referring Dentist's Details:**

Dentist Name: ..... ..... Dentist Email Address:.....

Practice Address: .....

.....

Justification for scan:.....

.....

.....

.....

Specific site needed in scan:.....

Dentist's signature: ..... GDC Number: .....

**Type of scan required and charge**

| | |
|---|---|
| Child partial | £100 ☐ |
| Adult partial | £125 ☐ |
| Full upper jaw | £175 ☐ |
| Full lower jaw | £175 ☐ |
| Full mouth | £200 ☐ |

**Payments to be made at the time of scan**

**Scans can either be saved onto a disc that includes viewer software, or if required saved as dicom format. Please indicate the format required and whether this should be given to the patient, or returned to the referring clinician.**

Patient ☐ Referring clinician ☐

**Please specify which format you require:**

Galixis viewer ☐ Dicom format disc ☐

Dicom format by email to referring dentist ☐

**For Implants only:**

**All scans will be parallel to the occlusal plane unless otherwise specified**

Guide/stent to be worn

Yes / No

**If you require a guide to be worn during the scan, please ensure the patient is given this and brings it with them to the appointment**

Has the patient already had a 2D x-ray before the referral was made Yes ☐ No ☐

Please be aware that unless you have had sufficient training you will not be able to justify or report on the CBCT scan therefore please tick one of the boxes below:

Practitioner suitably trained to justify/report ☐ Arrangements made for reporting to be done by a suitably trained person ☐

Please give further details: .....

.....

**Please post completed original form to:**

**Resolution Specialist Treatment Centre, Becket House, Hendford, Yeovil, Somerset, BA20 1TE**

**For further information please call 01935 434440**