

## 3D Cone Beam Scanner Referral

<b>Patient's Details:</b>	PIN: .....
Title:.....	Home Tel:.....
First Name: .....	Work Tel:.. .....
Surname:.....	Mobile Tel:.....
D.O.B: .....	Email: .....
Patient's address:.....	Preferred contact method: .....
.....	Notes: .....
.....	.....
Postcode:.....	.....

<b>Referring Dentist's Details:</b>	
Dentist Name: .....	Dentist Email Address:.....
Practice Address: .....	
.....	
Justification for scan:.....	
.....	
.....	
HD: Yes/No Please note (Radiation dose increases from 5.1Kv to 14.1Kv)	
Specific site needed in scan:.....	
Dentist's signature: .....	
GDC Number: .....	

Type of scan/volume required		
Child partial (5x5)	£120	<input type="checkbox"/>
Adult partial (5x5)	£150	<input type="checkbox"/>
Full upper jaw (8x5)	£210	<input type="checkbox"/>
Full lower jaw (8x5)	£210	<input type="checkbox"/>
Full mouth (8x8)	£240	<input type="checkbox"/>
<b>Payments to be made at the time of scan</b>		

<b>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.</b>	
Patient <input type="checkbox"/>	Referring clinician <input type="checkbox"/>
<b>Please specify which format you require:</b>	
Galixis viewer <input type="checkbox"/>	Dicom format disc <input type="checkbox"/>
Dicom format by email to referring dentist <input type="checkbox"/>	

<b>All scans will be parallel to the Franklin plane.</b>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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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 <input type="checkbox"/>	Arrangements made for reporting to be done by a suitably trained person <input type="checkbox"/>
Please give further details: .....	
.....	