

REFERRER DETAILS AND DELIVERY ADDRESS

Name of Referrer:

Practice name:

Address:

Telephone:

Email:

PATIENT DETAILS

Appointment Date : / / Time:

Name & Surname:

Date of Birth: / / Telephone:

First Line of Address (required for patient identification under IRMER):

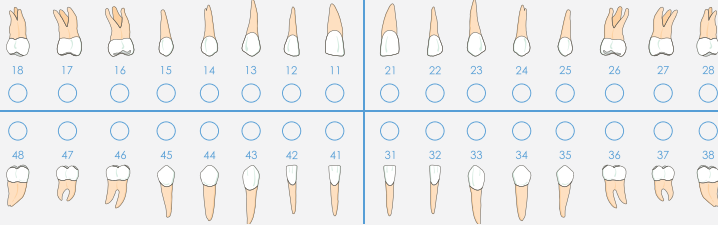
Email:

Radiographic template with patient? Denture Marked Separate Template

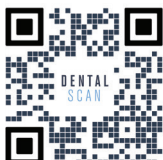
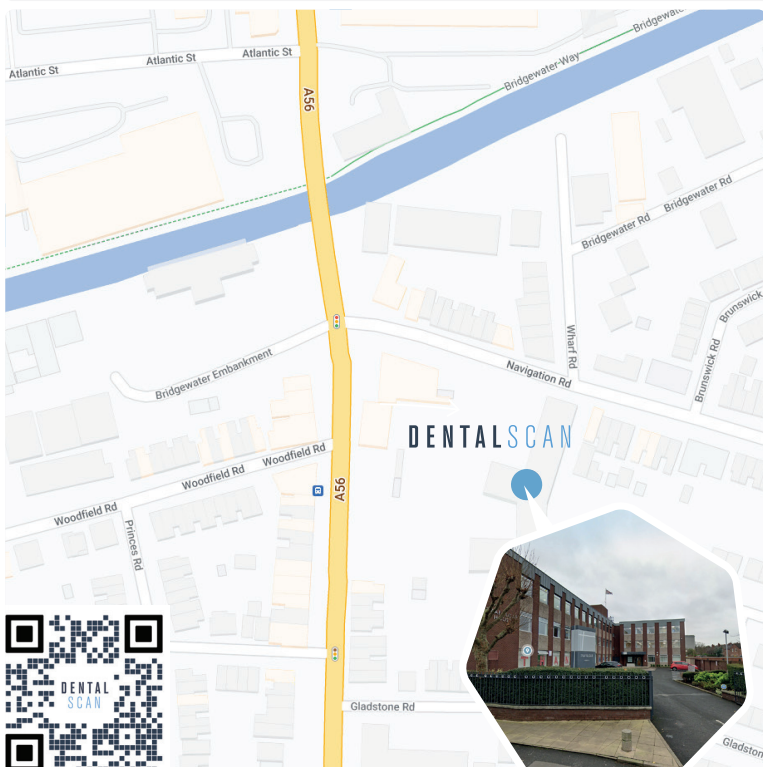
AREA OF INTEREST CBCT ONLY

- Sectional (5x5cm) Quadrant (8x6cm) Mandible (11x6cm)
- Maxilla (9x6cm) Both Jaws (9x10cm) Maxilla + Full Sinuses (9x8cm)
- Both Jaws + Full Sinuses (9x13cm) Maxilla + Full Sinuses (9x8cm)

R



L



CBCT FORMAT

- i-CAT Vision
- Cloud Viewer (PACS)
- DICOM Files
- SimPlant
- SimPlant OneShot
- NobelClinician
- InVivo6 Viewer

JUSTIFICATION FOR X-RAY

- Implants
- Bone Grafting
- Impacted Teeth
- Endodontics
- Perio
- Airway Assessment
- Sinus Exam
- TMJ
- Oral Pathology
- Ortho

2D IMAGING

- Panoramic (OPG/OPT)
- Lateral Ceph CEPH
- PA Ceph CEPH
- Bitewings

CBCT OUTPUT

- Secure Link
- CD
- PDF
- Photopaper

EXTRAS

- Express Processing (up to 20 min)
- Ceph Tracing Report
- Extra copy
- Patient copy by email

2D OUTPUT

- Secure Link (JPG)
- DICOM Files
- Cloud Viewer (PACS)
- Photopaper

RADIOLOGY REPORT

- Rule out Pathology
- Implant Planning
- Highlight ID Canal
- Implant Measurements
- 24-Hour Report

PAYMENT

- Practice
- Patient

CLINICAL INDICATIONS (mandatory)

SIGNATURE

DATE

/ /

Dental Scan Ltd.info@dental-scan.co.uk | +44 (0)20 7590 2020
 Suite 1, Trafalgar House, Navigation Rd, Altrincham, WA14 1NU
 Parking Bays 1 / 2 / 3 available for patients

Our radiographers will always base the scanning protocol (field of view, resolution and exposure settings) on the justification for referral, age and anatomy of the patient.