

## REFERRER DETAILS AND DELIVERY ADDRESS

Name of Referrer:

Practice name:

Address:

Telephone:

Email:

## PATIENT DETAILS

Appointment Date :  /  /  Time:

Name & Surname:

Date of Birth:  /  /  Telephone:

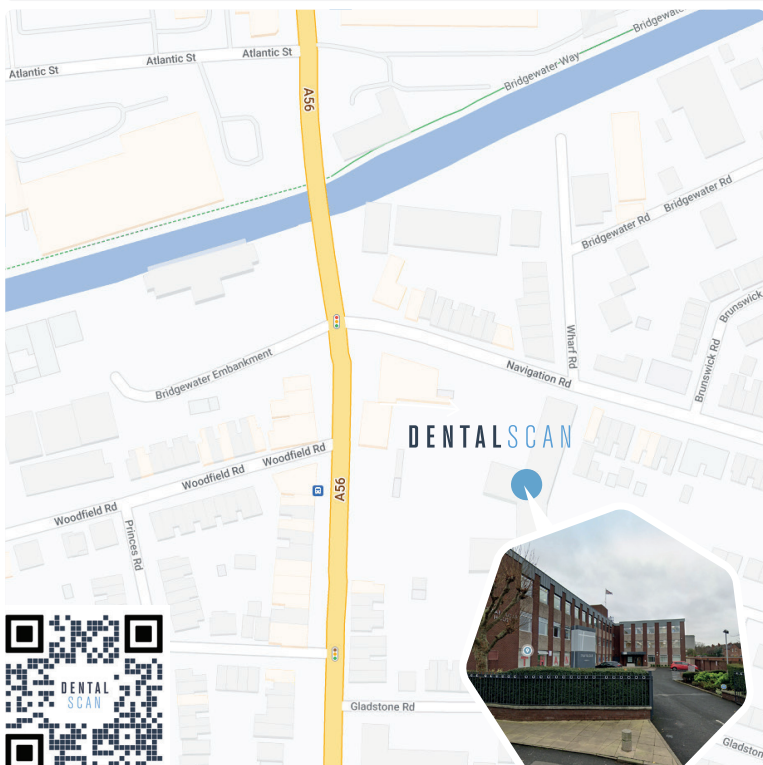
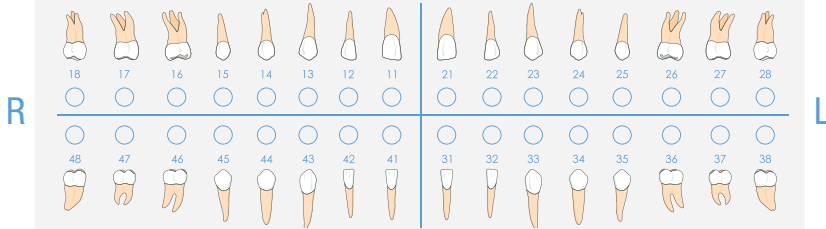
First Line of Address (required for patient identification under IRMER):

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 (9x13cm)



## CBCT FORMAT

- i-CAT Vision  
 Xelis Dental Viewer  
 DICOM Files  
 SimPlant Planner  
 SimPlant OneShot  
 NobelClinician  
 InVivo6 Viewer  
 Cloud Viewer (PACS)  
 DTX

## JUSTIFICATION FOR X-RAY

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

## CBCT OUTPUT

- Secure Link  
 CD  
 PDF  
 Photopaper

## 2D IMAGING

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

## RADIOLOGY REPORT

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

## 2D OUTPUT

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

## EXTRAS

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

## 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.