

Date:

Please circle: CBT OPG

PATIENT DETAILS

Name of Practitioner:

Practice Name:

Address:

Telephone:

Email:

First Name:
Surname:

Date of Birth: / /

Male Female

CBCT scan will be sent:

CBCT

Memory Stick

Mandible Maxilla Both Jaws Sectional/quadrant

(If no teeth are selected the whole jaw will be scanned)

Is the patient coming with a radiographic template? Yes No

Is the patient possibly pregnant? Yes No

Dose recorded

Clinical Indication & Justification for X-Rays

Referrer Signature: _____

Bradley & Partners Dental & Implant Clinic does not routinely report upon scans and radiographs. To comply with the IMER 2000 regulations all radiographs are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. We strongly recommend that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. As per your service level agreement dental CBCT images will be reported on by the referring practice. The referring practice will be responsible for ensuring the clinical evaluation takes place and is properly recorded.