

# Dentist Referral Form for CT Scans and OPT



## Referring Dentist Details

Referring Dentist's Name ..... GDC No. ....

Practice Address .....

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Practice Name ..... Practice Telephone .....

Practice E-mail ..... Practice Fax .....

## Patient's Details

Patient's Name ..... Patient's DOB .....

Patient's Address .....

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Patient's Telephone ..... Patient's E-mail .....

## Relevant Medical History (please include known allergies and current medication)

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## Referral Information

Firstly are the requested scans justified?  Yes  No

If you choose the scan option only then you will be responsible for reviewing and reporting on the findings.

CBCT scans will come with 2 CD's and viewing software.

An Implant planning and surgical guide service using Sirona and siCAT. Further information on request.

## Scan Required

Comments (e.g. area to be scanned, Radiographic Guide etc):

Digital OPT .....

Digital OPT + Radiology Report .....

Small Field CT Scan 5x5cm .....

Small Field CT Scan 5x5 + Radiology Report .....

Upper or Lower Jaw CT Scan 5x8cm .....

Upper or Lower Jaw CT Scan 5x8cm + Radiology report .....

Upper and Lower Jaw CT 8x8cm Scan .....

Upper and Lower Jaw CT Scan 8x8cm + Radiology Report .....

Additional Copies of CD .....

## Additional Information

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**South Coast Dental Specialists**

**Avenue House**

**South Walks Road**

**Dorchester, DT1 1DT 01305 757570**