

Dental CBCT Referral Form

To make a referral, please complete the form below and save it to your computer before attaching it and sending to Wood Lane Dentistry by email at info@woodlanedentistry.co.uk

Alternatively, you can post the completed form to: Wood Lane Dentistry, 37 Wood Lane, Sonning Common, Reading, Berkshire, RG4 9SJ.

PATIENT DETAILS

Name:

DOB:

Contact Tel No:

Address:

REFERRER DETAILS

Name:

Date of referral:

Contact Tel No:

Email:

Address:

REFERRAL DETAILS

The clinical context for requesting a dental CBCT examination:

Define the anatomical area that the scan should cover:

What information do you want the dental CBCT examination to provide?

Please confirm any radiographs you are submitting with this CBCT request:

If sending radiographs Please confirm how you will be sending the radiographs (please circle):

Email

Post

REPORTING OF SCANS

Please tick which of the following applies:

I am the IRMER referrer only. I wish Wood Lane Dentistry to provide me with a basic report on my patient's scan (Additional £90)

Full pathology report from Consultant Radiologist (additional £150)

I am the IRMER referrer/operator. I am adequately trained to report on my patient's scan

YOUR PREFERENCES

Please Tick:

Patient to pay at visit
(pt has been informed of cost)

Invoice referring practice

Please Tick:

Patient to take image away with them

Send Image to referring dentist

Signature of referring dentist _____

TO BE COMPLETED BY WOOD LANE DENTISTRY

JUSTIFICATION

Name of referrer/practitioner:

Details of scan authorised:

Date:

SCAN INFORMATION

Name of Operator:

Exposure factors used:

Date of Scan:

CLINICAL EVALUATION (REPORTING)*

Name of operator reporting:

Outcome:

Date:

*If under the Service Level Agreement dental CBCT images will be reported by the referring practice, this fact should be recorded here. The referring practice will be responsible for ensuring the clinical evaluation takes place and is properly recorded.

ON COMPLETION, RETAIN THIS FORM AND RETURN A COPY TO THE REFERRING PRACTICE