

## Referrer Details & Delivery Address

Email: \_\_\_\_\_ Tel.: \_\_\_\_\_

## Patient Details

Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ App. Time: \_\_\_\_\_  
 Forname: \_\_\_\_\_ Surname: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Justification For CBCT

- Implants
- Bone Graft
- Ortho
- Impacted Teeth
- Other \_\_\_\_\_
- Endodontics
- TMJ
- Oral Pathology
- Airway Study

## Indicate Teeth and Area of Interest for CBCT

- Mandible     Maxilla     Both Jaws

R	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	L
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	

Is the patient coming with a radiographic template?  Yes  No  
 Possibility of pregnancy?  Yes  No

## Extra

- Radiologist Report (£85)  
\* Please provide us with relevant medical history and reasons for requesting report.
- Pathology Report (£35)  
\* Quick radiologist report, pathology only.
- Extra copy
- Anatomical 3D Model
- Implant Treatment Plan

## 2D Radiography (NEW!)

- Digital Panoramic (OPG)
- Digital Cephalometric
- Ceph Tracing Report

## CBCT Format

- i-CAT Vision
- DICOM Files
- Nobel Guide
- iDent Protocol
- SimPlant
- Planner
- OneShot
- View

## Output

- CD
- FTP&Email
- Photopaper

Payment:  Doctor  Patient

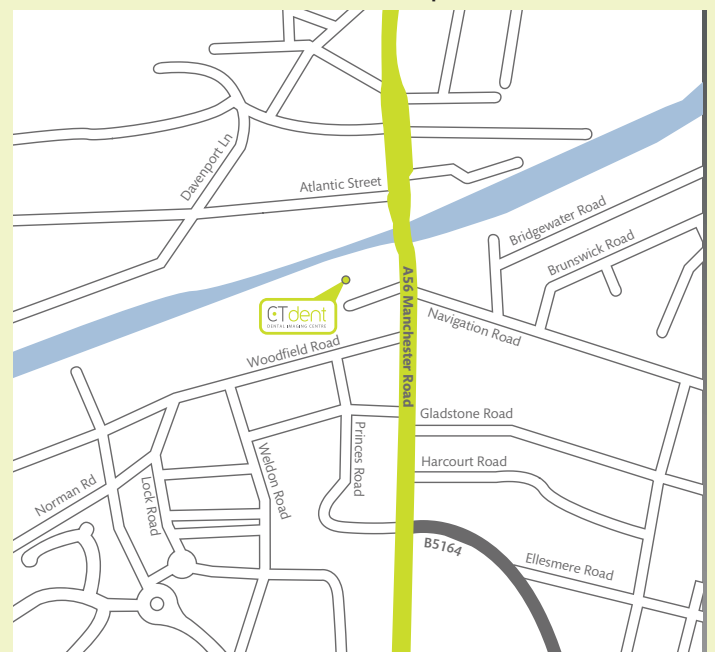
## Special Instructions

Name of practitioner: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Online booking for patients now available on:  
[www.ct-dent.co.uk/patient.php](http://www.ct-dent.co.uk/patient.php)

*The Radiographers at CT Dent will take a scan with the lowest dose, smallest field of view and best resolution according to area of interest and reason for the scan (IRMER + ALARP). The Age, anatomy, physical size, and body mass of a patient are all dependent factors.*

## Location Map



Mansion House - 3 Bridgewater Embankment - (Manchester Road) - Altrincham - Cheshire - WA14 4RW