CT dent
DENTAL IMAGING CENTRE

Referrer Details & Delivery Address

_____

_____

Email:_____ Tel.: _____

Patient Details

Appointment Date: _____/_____/_____ App. Time: _____

Forname: _____ Surname: _____

DOB: _____/_____/_____

Tel.: _____ Mobile: _____

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	

(If no area is selected the whole jaw will be scanned)

Is the patient coming with a radriographic template? ☐ Yes ☐ No

Possibility of pregnancy? ☐ Yes ☐ No

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

Justification For CBCT

☐ Implants ☐ Endodontics

☐ Bone Graft ☐ TMJ

☐ Ortho ☐ Oral Pathology

☐ Impacted Teeth ☐ Airway Study

☐ Other _____

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

Output

☐ CD ☐ FTP &Email ☐ Photopaper

Payment: ☐ Doctor ☐ Patient

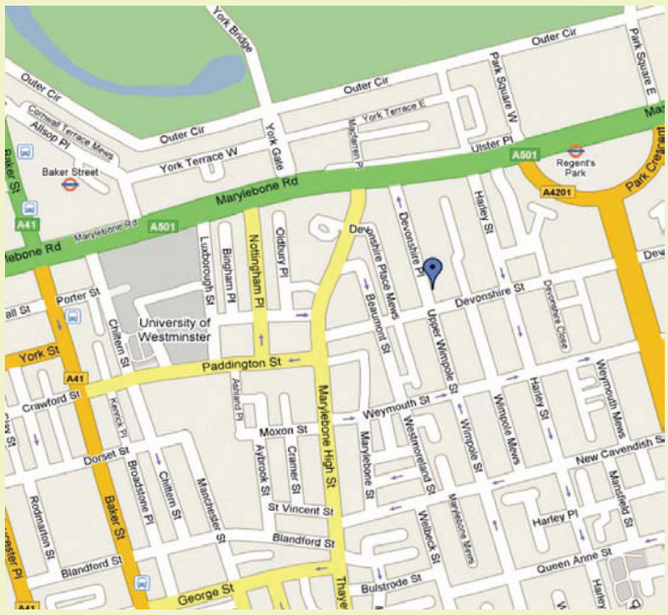
Special Instructions

Name of practitioner: _____

Signature:_____

Online booking for patients now available on:
www.ct-dent.co.uk/patient.php

Location Map



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.