

Sender Details & Delivery Address

Email: _____ Tel.: _____

Patient Details

Appointment Date: ____/____/____ App. Time: _____
 Name: _____ Surname: _____
 DOB: ____/____/____
 Tel.: _____ Mobile: _____

Reason for Scan

- Implants
- Ortho
- Impacted Teeth
- Endodontics
- Sinus Exam
- TMJ
- Oral Pathology
- Perio
- Airway Study
- Other _____

Indicate Teeth and Area of Interest

- Mandible (6cm) Maxilla (6cm) Both Jaws (10cm) Full (13cm)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
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

- Radiologist Written Report
 (+£85/£100 in 5 working days)

* Please provide us with relevant medical history and reasons for requesting report.

Format

- i-CAT Vision (Free Software)
- iDent Protocol
- SimPlant Reformatting
- Planner OneShot Lite
- DICOM Files
- Nobel Guide (Scanning Only)
- Other _____

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

