

Referral Form

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

PRACTITIONER DETAILS & DELIVERY ADDRESS PATIENT DETAILS Appointment Date: Time: Name of Practitioner: Practice name: Forname & Surname: Date of Birth: Address: Male Female Telephone: Telephone: Email: **PAYMENT** Doctor Patient **2D IMAGING 2D OUTPUT** AREA OF INTEREST CBCT ONLY Digital Panoramic (OPG) FTP & Email Patient possibly pregnant? Patient coming with a radiographic template? Denture Marked Seperate Template Yes No Digital Cephalometric PACS Cloud Viewer Ceph Tracing Report Photo Paper Both Jaws Digital PA Ceph CD Maxilla Digital Lateral Ceph Mandible Sectional/ **EXTRAS** quadrant (If no teeth are selected the whole jaw will be scanned) Express Processing Extra copy Pathology Report Radiology Report **CBCT FORMAT IUSTIFICATION FOR X-RAY** PACS Cloud Viewer (no software download, works on Implants any device including mobile & tablets) CLINICAL INDICATIONS: (mandatory) Bone Graft i-CAT Vision Impacted Teeth SimPlant Planner **Endodontics** SimPlant View Sinus Exam SimPlant OneShot TMJ Oral Pathology MGUIDE Ortho DICOM Files iDent Protocol **CBCT OUTPUT** Nobel-Guide Cloud & Email Romexis Viewer (CD only) (Mac & Windows) Photo Paper Signature: Weyland Dr Radvald Chas Peartree Business Centre Ableworld Mobility & Stairlifts Colchester East of England Co-op, Supermarket Cycle Revolution Ridgeons Timber & 🙆 Mattressman 😩 Builders Merchants... Peartree Rd Halfords Autocentre Toolstation Colchester Fiveways Fruit Farm Screwfix Hatfields Furnishers

The Radiographer at CT Dent will take a scan with the lowest dose, smallest field of view and best resolution, according to the area of interest and clinical indications, in line with IR(ME)R and ALARP. The age, anatomy and physical build of the patient are all dependent factors.