

PRACTITIONER DETAILS & DELIVERY ADDRESS

Name of Practitioner:

Practice name:

Address:

Telephone:

Email:

PATIENT DETAILS

Appointment Date: / / Time:

Forename & Surname:

Date of Birth: / / Male Female

Telephone:

PAYMENT Doctor Patient

AREA OF INTEREST CBCT ONLY

Patient coming with a radiographic template? Denture Marked Seperate Template

Patient possibly pregnant? Yes No

Both Jaws
 Maxilla
 Mandible
 Sectional/quadrant

(If no teeth are selected the whole jaw will be scanned)

CBCT FORMAT

- PACS Cloud Viewer (no software download, works on any device including mobile & tablets)
- i-CAT Vision
- SimPlant Planner
- SimPlant View
- SimPlant OneShot
- MGUIDE
- DICOM Files
- iDent Protocol
- Nobel-Guide
- Romexis Viewer (CD only) (Mac & Windows)

JUSTIFICATION FOR X-RAY

- Implants
- Bone Graft
- Impacted Teeth
- Endodontics
- Sinus Exam
- TMJ
- Oral Pathology
- Ortho

CBCT OUTPUT

- Cloud & Email
- Photo Paper
- CD

2D IMAGING

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

2D OUTPUT

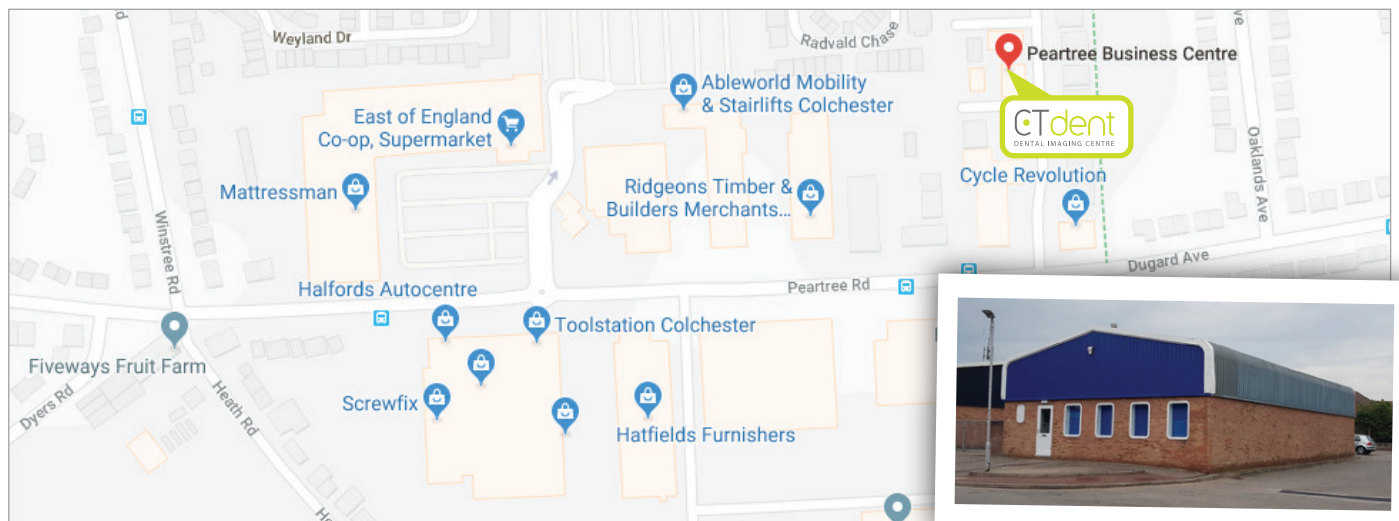
- FTP & Email
- PACS Cloud Viewer
- Photo Paper
- CD

EXTRAS

- Express Processing
- Extra copy
- Pathology Report
- Radiology Report

CLINICAL INDICATIONS: (mandatory)

Signature:



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.