

## PRACTITIONER DETAILS & DELIVERY ADDRESS

Name of Practitioner:

Practice name:

Address:

Telephone:

Email:

## PATIENT DETAILS

Appointment Date: / /

Time:

Forname:

Surname:

Date of Birth: / /  Male  Female

Telephone:

## AREA OF INTEREST CBCT ONLY

Mandible  Maxilla  Both Jaws

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

Is the patient coming with a radiographic template?  Yes  No

Radiographic template:  Denture marked  Separate template

Is the patient possibly pregnant?  Yes  No

## CBCT OUTPUT

CD-ROM  FTP & Email  Photo paper

## 2D IMAGING

Digital Panoramic (OPG)

Digital Cephalometric

Ceph Tracing Report

## 2D OUTPUT

FTP & Email

CD (with Viewer)

Photo Paper

## PAYMENT

Doctor  Patient

## CLINICAL INDICATIONS: (mandatory)

## Signature:

## CBCT FORMAT

I-CAT Vision

CT Dent PACS

DICOM Files

Nobel Biocare

iDent

Romexis Viewer  
(MAC OS and windows)

SimPlant Planner

SimPlant OneShot

SimPlant View

SimPlant Lite

## JUSTIFICATION FOR X-RAY

Implants

Bone Graft

Impacted Teeth

Endodontics

Sinus Exam

TMJ

Oral Pathology

Ortho

Airway assessment

## EXTRAS

Extra copy

Pathology Report

Radiology Report

SimPlant Express

Anatomical 3D Model

Patient to take CD after scan EXPRESS (i-CAT Vision and DICOM only)

**General Directions:**  
 Closest Mtr station -  
 Central station Exit D2



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.