

PRACTITIONER DETAILS AND DELIVERY ADDRESS

Name of Practitioner: _____

Practice name: _____

Address: _____

Telephone: _____

Email: _____

PATIENT DETAILS

Appointment Date : / / Time: _____

Name & Surname: _____

Date of Birth: / / Male Female

Telephone: _____

AREA OF INTEREST CBCT ONLY

Patient coming with a radiographic template?
 Denture Marked Seperate Template

Is the patient pregnant?
 Yes No

Both Jaws
 Maxilla
 Mandible
 Sectional/ Quadrant

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

2D IMAGING

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

2D OUTPUT

FTP & Email
 PACS Cloud Viewer
 Photo Paper
 CD

EXTRAS

Express Processing Extra copy
 Basic Radiology Report Radiology Report

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

Airway Assessment

Sinus Exam

TMJ

Oral Pathology

Ortho

CBCT OUTPUT

Cloud & Email

Photo Paper

CD

CLINICAL INDICATIONS (mandatory)

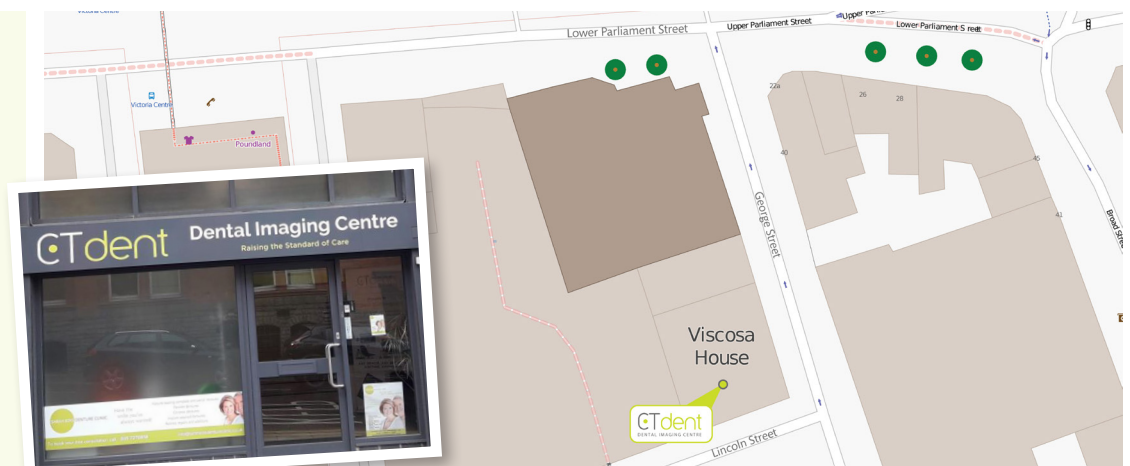
PAYMENT

Doctor Patient

SIGNATURE

General Directions:

From Lower Parliament Street take the left hand turn into Broad Street, the first right into Old Lenton Street, then first right into George Street. DenCity is immediately on the left hand side on the corner of George Street and Lincoln Street.



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.