# **ETdent** DENTAL IMAGING CENTRE

### **PRACTITIONER DETAILS & DELIVERY ADDRESS**

Name of Practitioner:	
Practice name:	
Address:	
Telephone:	
Email:	

Both Jaws

21 222

JUSTIFICATION FOR X-RAY EXTRAS

Т

23 24

## AREA OF INTEREST CBCT ONLY

16

Maxilla

14

0

12

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

Is the patient coming with a radiographic template?

Implants

Bone Graft

Endodontics

Sinus Exam

TMJ

Ortho

Impacted Teeth

**Oral Pathology** 

15

Is the patient possibly pregnant?

Mandible

17

CBCT FORMAT

I-CAT Vision

**DICOM** Files

SimPlant View

PACS Cloud Viewer

SimPlant Planner

SimPlant OneShot

# **Referral Form**

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

#### **PATIENT DETAILS** Appointment Date: 1 1 Time: Forname: Surname: Date of Birth: 1 1 Male Female **Telephone: CBCT OUTPUT** Sectional/quadrant FTP & Email Photo paper CD-ROM **2D IMAGING 2D OUTPUT** Digital Panoramic (OPG) FTP & Email PACS Cloud Viewer Digital Cephalometric Photo Paper Ceph Tracing Report 67 PAYMENT Doctor Patient Yes No Yes No CLINICAL INDICATIONS: (mandatory) Extra copy Pathology Report Radiology Report SimPlant Express Signature: Great Portland Street **Regent's** Park Harley Devonshire Place **CTdent** Devonshire St Hal Wimpole Weymouth S

A501 Marylebone Road Baker Thayer Street Street Luxborough Street Chiltern Baker Street Street West Moreland Street Paddington St B524

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.