

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
 Sectional/quadrant

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

Is the patient coming with a radiographic template? Yes No

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
 PACS Cloud Viewer
 Photo Paper

PAYMENT Doctor Patient

CLINICAL INDICATIONS: (mandatory)

Signature:

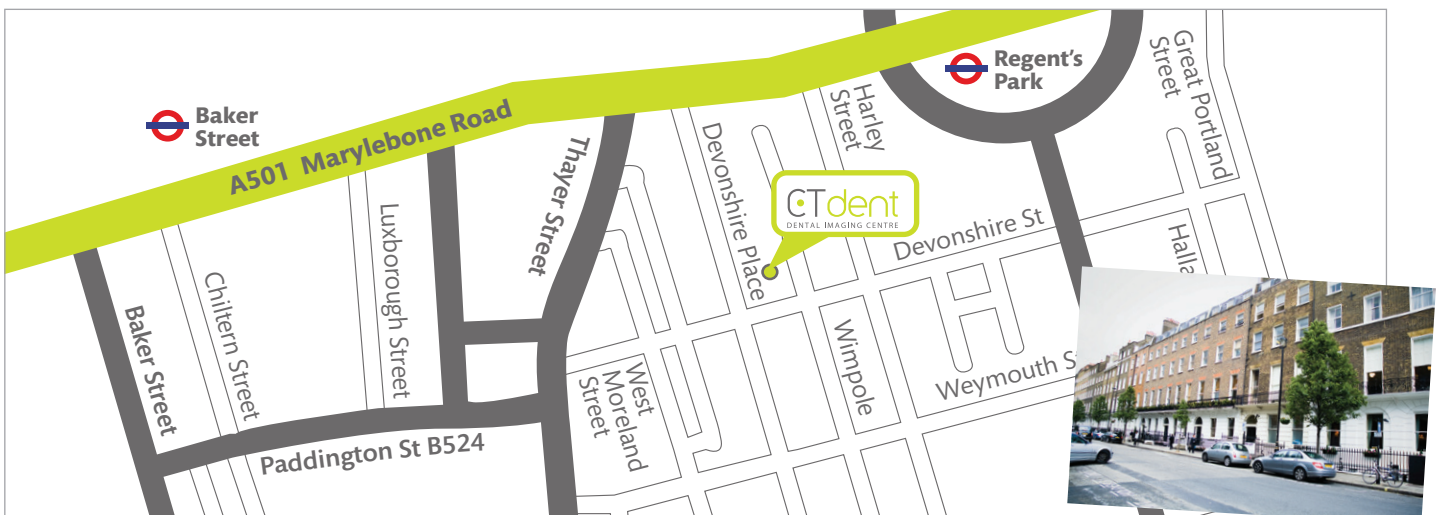
CBCT FORMAT

I-CAT Vision
 PACS Cloud Viewer
 DICOM Files
 SimPlant Planner
 SimPlant OneShot
 SimPlant View

JUSTIFICATION FOR X-RAY EXTRAS

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

Extra copy
 Pathology Report
 Radiology Report
 SimPlant Express



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.