

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

Is the patient coming with a radiographic template? Yes No

Is the patient possibly pregnant? Yes No

Mandible

Maxilla

Both Jaws

Sectional/
quadrant

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

INTRA ORAL SCANNING - TRIOS 3 COLOUR

Digital Impression Orthodontic Aligners

Mandible Maxilla Both Jaws

Radiographic Template

Please tick the radiopaque area required

IMAGES WILL BE RETURNED IN STL FORMAT

CBCT FORMAT

PACS Cloud Viewer (no software download, works on any device including mobile & tablets)

i-CAT Vision DICOM Files Romexis Viewer (Mac & Windows)

SimPlant Planner SimPlant OneShot SimPlant View

MGUIDE iDent Protocol Nobel-Guide

CBCT OUTPUT

Cloud & Email CD Photo Paper

EXTRAS

Express Processing Extra copy Pathology Report Radiology Report

CLINICAL INDICATIONS: (mandatory)

Signature:

2D IMAGING

Digital Panoramic (OPG)

Digital Cephalometric

Ceph Tracing Report

2D OUTPUT

FTP & Email

PACS Cloud Viewer

Photo Paper



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.