



# Dentist Referral Form for CT Scans and OPG

**Email:** enquiries@maxidentclinic.com

**Web:** www.maxidentclinic.com

**Telephone:** 0208 698 0491

**Address:** 161 Bromley Road London SE6 2NZ

## Referring Dentist Details

Referring Dentist's Name:.....GDC No:.....

Practice Name:.....Practice Telephone:.....

Practice Email:.....Practice Fax:.....

Practice Address:.....

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## Patient's Details

Patient's Full Name:.....Patient's DOB:.....

Patient's Telephone:..... Patient's Email:.....

Patient's Address:.....

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## Relevant Medical History (please include known allergies and current medication)

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## Referral Information

Firstly are the requested scans justified?  Yes  No

CBCT scans will come with one CD and viewing software.

**Scan Required** **Comments (e.g. area to be scanned, Radiographic Guide etc):**

Digital OPG:.....

Small Field CT Scan 5x5cm:.....

Upper or Lower Jaw CT Scan 5x8cm:.....

Upper and Lower Jaw CT 8x8cm Scan:.....

Additional Copies of CD:.....

## Additional Information

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