



Dentist Referral Form for CT Scans and OPG

Email: enquiries@maxidentclinic.com

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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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