

# CBCT Scan request form



## Patient details:

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Email: \_\_\_\_\_ DOB:     /     /     

## Referring Dentist details: *N.B Please complete all fields*

Dentist name: \_\_\_\_\_ Practice name: \_\_\_\_\_

Practice Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Practice Telephone(s): \_\_\_\_\_

Practice Email: \_\_\_\_\_

## Reason for scan: (mandatory)

\_\_\_\_\_

## Brief patient history:

\_\_\_\_\_

Pregnancy status : \_\_\_\_\_

## CBCT scan requirements:

All scans will be parallel to the occlusal plane unless otherwise specified. Standard image resolution will be supplied unless you specifically request high resolution or endo (50x50mm FOV only)

Radio-opaque marker to be worn?     Yes     No

## Field of view:

- Full upper     Full lower
- Full upper and lower (80x80mm)
- Full upper & lower including 8's extended view
- Sectional (50x50mm) Please mark area(s) below

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

## Reporting:

Indicate your preference for radiological interpretation of the dento-alveolar region.

- I would like a Radiologist report by Consultant Radiologist Dr Nicky Lyle who has a special interest in head and neck radiology and has specialist training in Cone Beam CT reporting.
- I undertake to report on the scan as required by IR(ME)R 20002006

Assistance with case planning is available. Price on application.

Dentist signature: \_\_\_\_\_ GDC Number: \_\_\_\_\_

### CBCT scan charges:

Scan 50 x 50mm	£119
Scan 80 x 50mm	£188
Radiologist report	£150

**Total :** \_\_\_\_\_

How would you like your files?

- Flashstick / USB
- Download from Planmeca Romexis cloud service
- I require Romexis software viewer