

CBCT Referral Form



BLUEBELL

DENTISTRY & AESTHETICS

REFERRER DETAILS

Name of Referrer:

Practice Name:

Address:

Telephone:

Email:

PATIENT DETAILS

Name of Patient:

Date of Birth:

Address:

Telephone:

CLINICAL INDICATIONS (Please Complete)

Referrer Signature:

JUSTIFICATION FOR X-RAYS

Digital Panoramic

Implants

Bone Graft

Impacted Teeth

Endodontics

Sinus Exam

TMJ

Oral Pathology

Ortho

PAYMENT BY: Referrer Patient

COST: CBCT Single Arch £150, CBCT Both Arches £300, iTero Scan both Arches £150

Mandible Maxilla Both Jaws

UPPER RIGHT **UPPER LEFT**

LOWER RIGHT **LOWER LEFT**

Is the patient coming with Radiographic Stent Yes No

Is the patient possibly pregnant? Yes No

Please select your preferred CBCT format:

DICOM CT VIEWER iTERO SCAN

File delivery options:

To Patient To Referrer Dropbox

Email USB Stick WeTransfer

Bluebell Dental Practice and Clinic do not routinely report on CBCT scans. To comply with the IRMER 2000 regulations all CBCT scans are required to be reviewed and reported in the clinical notes by the referring practitioner or by a radiologist.

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