



# OXFORD HOUSE Dental Practice

# CBCT REFERRAL FORM

www.mkdentist.co.uk

## PRACTITIONER DETAILS & DELIVERY ADDRESS

Name of Practitioner:

Address:

Practice name:

Telephone:

Email:

## PATIENT DETAILS

Appointment Date: / /

Time:

Forename:

Surname:

Date of Birth: / /

Telephone:

### CBCT OUTPUT

USB  Dropbox

### 2D IMAGING

Digital Panoramic (OPG)

### 2D OUTPUT

DVD  
 USB  
 Dropbox

### PAYMENT

Dentist/Practice  Patient  
 On Account (Pre-arranged)

### AREA OF INTEREST CBCT ONLY

Mandible  Maxilla  Both Jaws

UR8 UR7 UR6 UR5 UR4 UR3 UR2 UR1 - UL1 UL2 UL3 UL4 UL5 UL6 UL7 UL8  
LR8 LR7 LR6 LR5 LR4 LR3 LR2 LR1 - LL1 LL2 LL3 LL4 LL5 LL6 LL7 LL8

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

Is the patient coming with a radiographic template?  Yes  No  
Is the patient possibly pregnant?  Yes  No

### CBCT FORMAT

DICOM Files  
 Romexis Viewer  
(MAC OS and windows)

### JUSTIFICATION FOR X-RAY

Implants  
 Bone Graft  
 Impacted Teeth  
 Endodontics  
 Sinus Exam  
 TMJ  
 Oral Pathology  
 Orthodontics

### EXTRAS

Extra copy  
 Radiology Report

### CLINICAL INDICATIONS: (mandatory)

Signature:

Date:

Full radiologist report by Dr Jimmy Makdissi £85 (please allow 5-7 working days)