OXFORD HOUSE
Dental Practice
The Referral Centre

CBCT & OPG REFERRAL FORM

www.mkdentist.co.uk/cbct-and-opg-referral

DENTIST DETAILS & DELIVERY ADDRESS

Name of Practitioner:

Practice Name:

Address:

Postcode:

Practice Phone Number:

Mobile:

Email:

PATIENT DETAILS

Patient First Name:

Patient Surname:

Patient Address:

Postcode:

Date of Birth:

Mobile:

Email:

3D IMAGING

- CBCT Scan (Please update area of interest below)

2D IMAGING

- OPG

Payment

- Dentist/Practice
- Patient

JUSTIFICATION FOR X-RAY

- Bone Graft
- Implants
- Endodontics
- Impacted Teeth
- Sinus Exam
- TMJ
- Oral Pathology
- Orthodontics
- Other (Please State)

EXTRAS

- Extra Copy (An additional fee will apply)

How would you like to receive your CBCT?

- USB (£10 Fee will apply)
- Dropbox (Please enter email address for dropbox account)

Email:

Is the patient coming with a radiographic template?

- Yes
- No

Is the patient possibly pregnant?

- Yes
- No

Type of scan

- Full Mouth Scan (8x8cm)
- Mandible Only (8x5cm)
- Maxilla Only (8x5cm)
- Small Volume (5x5cm)

Clinical Indications: (Mandatory)

Full Radiologist report by Dr Jimmy Makdissi £110 (please allow 5-7 working days)

- Yes
- No

Submitted by:

Submitted date:

Please tick to be kept informed of lectures, events and allow us to email articles.
If you prefer to use a different email address please input here: _____