

Digital Radiography Referral

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Please tick as required: OPG Cone Beam CT scan

Please complete justification for OPG/Scan

Referring dentist
Address inc. postcode:

Patient Details

Name

Address inc. postcode

Telephone

Date of birth

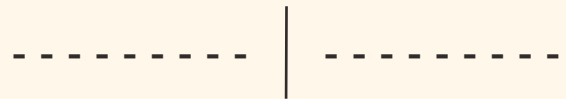
Region to be scanned

Small field of view (5cm x 5cm) quadrant

Medium field of view (8cm x 5cm) upper or lower arch

Large field of view (8cm x 8cm) upper & lower arches

Tooth Notation



Please indicate format required: Dicom Sirona Galaxis Galileos Viewer

Fees -please tick as required

OPG - £55.00 CT - £99.00

We are pleased to accept payment by cash and most major debit / credit cards

Please indicate fee payer: Referring dentist Patient

IRMER 2000

We do not report upon scans and radiographs provided for referring dentists, unless specifically requested to do so. To comply with IRMER 2000 regulations all radiographs and scans must be reviewed and reported into the clinical records by the referring practitioner or by a radiologist. We strongly recommend that all scans and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology.

Dentist Signature

Date