

# Imaging Referral Form

## Referrer Details:

Name .....

Address .....

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Telephone.....

E-mail.....

Signature .....

Date of referral .....

## Patient Details:

Name .....

Address .....

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.....

Date of birth .....

Home telephone.....

Mobile .....

Relevant medical history.....

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Possibility of pregnancy:  Yes  No

Date of referral .....

## Examination Required:

- Panoramic:**  Digital  Dicom  Jpeg
- Digital Cephalometric:**  Dicom  Jpeg
- Cone Beam CT:**  My patient will wear a stent

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

**Region of Interest:**  Upper Jaw  Lower Jaw  TMJ  Sinus  Ear  Full Height  5x5 Quadrant

The clinical context for requesting a dental Panoramic / Cephalometric / Cone Beam CT

Relevant results of history, clinical examination and other imaging .....

What information do you want the Panoramic / Cephalometric / Cone Beam CT examination to provide?

Define the anatomical area that the scan(s) should cover.....

## Software Options for Cone Beam CT Scans

- CT Viewer  DICOM for SimPlant Pro  DICOM for NobelGuide  GALAXIS

## Delivery Options

- CD  Registered Post

## Justification

Name of IRMER practitioner: .....

Signature:.....

Date: .....

Outcome: .....

## Scan Information:

Name of Operator: .....

Signature: .....

Date of Scan: .....

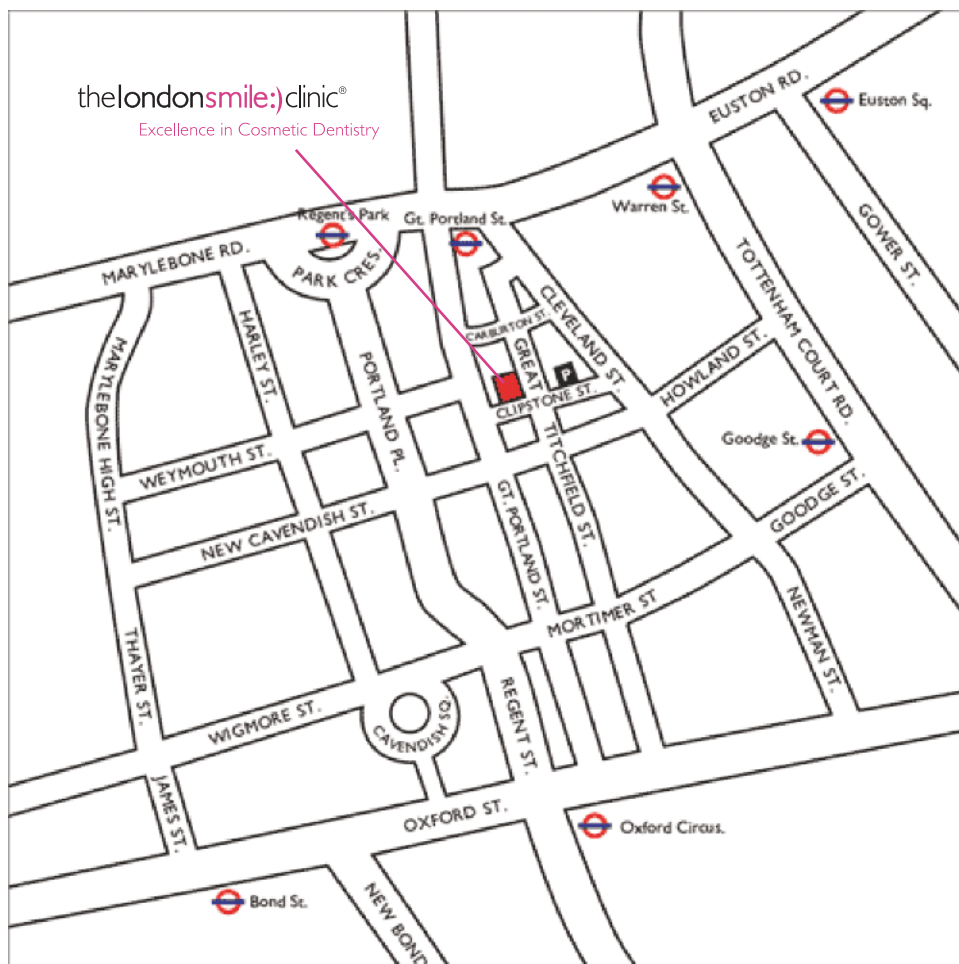
Exposure factors used:.....

IRMER 2000 Regulations: London Smile Clinic does not routinely report upon scans and radiographs. To comply with the IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. London Smile Clinic strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology.

I will make my own reporting arrangements

thelondonsmile:)clinic®

Excellence in Cosmetic Dentistry



### Opening Hours

Monday - Friday 10am-6pm

Saturday (occasional please call to arrange)

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