



1. Referred by:

Name:		GDC number:	
Address:			
		Postcode:	
Telephone:		Mobile:	
Email:			
Signature:		Date:	

2. Payment details: (please mark X as appropriate)

Patient to pay:

Account to referrer:

3. Patient details:

Surname:		Title:	
Forename:		D.O.B:	
Address:			
		Postcode:	
Home tel:		Mobile tel:	
Email:			

Possibility of pregnancy?: (please mark X as appropriate)

Yes:

No:

4. Examination requirement: (please mark X as appropriate)

Cone beam CT:

Patient will wear a stent during the scan:

Parallel to occlusal plan:

Digital panoramic:

Purpose:	



5. Region of interest:

Dental: (please mark X as appropriate)

Upper jaw:

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Lower jaw:

TMJ: Small volume: Endodontic scan:

6. Delivery:

Delivery preference: (please mark X as appropriate)

Secure link via 'WeTransfer': CD:

7. IRMER 2000 regulations: (please mark X as appropriate)

Portman Dental Care does not routinely report upon scans or 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. Portman Dental Care 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: Yes: No:

We can provide a reporting service by a Consultant Radiologist, ask us for more details.

I have added my patient's medical history in the notes above for this radiographic examination to be reported upon by Consultant Radiologist. Yes: No:

Please return this form securely via email, or post to our address below:

reception.causeway-dental@portmandental.co.uk

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