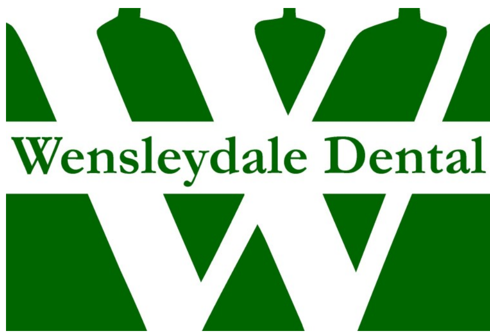

11 George Street, Huntingdon, Cambs PE29 3BD
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E-Mail: Info@wensleydaledental.co.uk
Visit: www.wensleydaledental.co.uk

CONE BEAM COMPUTED TOMOGRAPHY REFERRAL FORM

Patient Information

Name:	DOB:
Gender:	Tel Number:
Mobile:	E-Mail:
Address:	Postcode:
Relevant MH:	
Possibility of Pregnancy:	

Scan Options & Region of Interest

☐ 2D Imaging (OPG)	☐ 3D Imaging

Region of Interest:

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

Justification

Purpose for Scan, e.g. Implant or Endodontics:

Referring Dentist

Wensleydale Dental Practice does not report upon scans and radiographs provided for referring dentists. To comply with the IRMER 2000 regulations all radiographs and scans are required to 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. All scans will be sent to the referee on a memory stick either by post (recorded delivery) or given to the patient in person.

The referral criteria used at Wensleydale Dental Practice are the European Guidelines on Radiation Protection in Dental Radiography, Selection Criteria for Dental Radiography by the Faculty of General Dental Practitioners, Orthodontic Guidelines by the British Orthodontic Society & SEDENTEXTCT Guidelines; by signing below, you are confirming that you have access to these documents and you do not require any further guidance.

Signed:	Date:
Print name in capitals:	
Practice Name:	
Address:	Postcode:
Tel Number:	E-mail: