



CBCT & OPG Referral Form

Referring dentist details:

Title:

Name:

Practice address:

.....

.....

Tel number:

Email address:

Patient details:

Title:

Name:

Date of Birth:

Address:

Home number:

Mobile number:

Email address:

Clinical indications: (please complete)

.....

.....

.....

Referrer signature: Image required: Digital panoramic CBCT

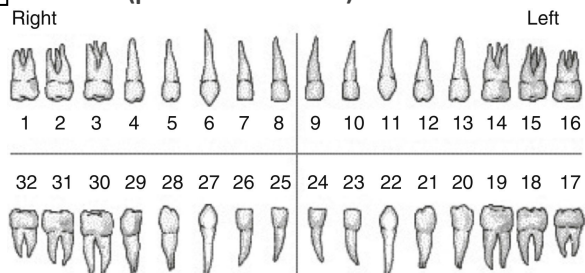
Justification for X-rays:

- Implants
- Bone Graft
- Impacted teeth
- Endodontics
- Sinus Exam
- TMJ
- Oral Pathology
- Ortho

Area of interest:

- Mandible Maxilla Both Jaws

Sectional (please circle below)



Patient is aware of fee payable on the day to Lotus Clinic- £60 OPG/ £100 CBCT scan

Is the patient coming with a radiographic stent?

- Yes No

Is the patient possibly pregnant?

- Yes No

Our files will be exported as a DICOM file and bundled with the Sirona viewer, which can be sent electronically, posted on a USB or simply collected by your patient.

Lotus Clinic does not routinely report on CBCT scans. To comply with the IR(ME)R 2000 regulations all CBCT scans are required to be reviewed and reported in the clinical notes by the referring practitioner or by a radiologist.

The operator at The Lotus Clinic will take a scan with the lowest dose, smallest field of view, and the best resolution according to the area of interest and clinical indications, in line with IR(ME)R and ALARP. The age, anatomy and physical build of the patient are all dependant factors.