

Panoral / CBCT Scan Referral Form



Specialist Dental Centre

Referrer's name:

GDC number:

Practice address:

.....

Tel: Mob:

Email:

Signature: Date:

Sovereign House S.D.C
First Floor, 153 High Street
Brentwood, Essex CM14 4SD

T: 01277 205605

E: info@sovereignhousesdc.co.uk

W: sovereignhousesdc.co.uk

Title: Patient name: D.O.B.

Address:

.....

Possibility of pregnancy: Yes ☐ No ☐ N/A ☐

Home tel: Work tel:

Mobile: Email:

Fees - The fee is payable by the patient at the time of the scan

Panoral (please tick which image is required) - **£70** OPG ☐ DPT ☐ Panoral bitewings ☐

CBCT (please tick which image is required). Includes a report from a Radiologist - **£305**

Maxilla and mandible ☐ Maxilla only ☐ Mandible only ☐

Limited volume ☐ Please specify teeth / area

CBCT (please tick which image is required). No report - **£195**

Maxilla and mandible ☐ Maxilla only ☐ Mandible only ☐

Limited volume ☐ Please specify teeth / area

Delivery Options: Secure portal ☐ Flash drive ☐

Justification for radiograph:

Radiographs should provide information to confirm a diagnosis, or provide information that may affect the choice of treatment.

Relevant points from history, examination, radiographs (please enclose copies of any radiographs of the area under investigation).

Thank you for your referral.