

# imaging referral form

## REFERRED BY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PATIENT DETAILS:

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Possibility of pregnancy:  Yes  No

Is the patient coming with a radiographic template?  Yes  No

## RADIOGRAPHIC EXAMINATION REQUIRED (please tick one)

- Cone Beam CT     OPT  
 Upper Jaw     Lower Jaw     TMJ     Zygoma     Full Height  
 Localised Field of View

Region of interest and purpose/justification of  
Examination 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |

Examination: \_\_\_\_\_

- Implants     Bone Graft     Ortho     Impacted Teeth     Endodontics     TMJ  
 Oral Pathology     Airway Study     Other \_\_\_\_\_

## FORMAT DATA DELIVERY OPTIONS FOR CT SCANS

- Dicom format on CD     As one volume viewer on CD     Duplicate CD required (£25 extra)

PAYMENT  Account to referrer     Patient to pay

All imaging service fees must be paid before the patient appointment is booked.

Twenty 2 Dental 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. Twenty 2 Dental strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Twenty 2 Dental offers a reporting service by a Consultant Radiologist.

- I would like this patient's radiographic examination to be reported upon by your Consultant Radiologist. (£80)  
 I will make my own reporting arrangements.

Date of scan or radiographic examination :.....[office use only]

## welcome to imaging @ Twenty 2 Dental

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All imaging appointments are to be booked through our reception team. Your radiographic and CT examinations take place in our ground-floor, dedicated Radiography / Acquisition suite. Imaging results are available immediately for radiography or CT scans, unless the image is to be sent for specialist reporting.

Please allow 30 minutes for your examination.

We are open Monday to Thursday, from 9:00am until 5.00pm.

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We accept all major credit cards, cheques and cash.

**All imaging service fees are due before the appointment.**

Your dentist may ask you to wear a plastic guide during your scan - please be sure to bring this along.

## 3D Scanning of the Jaws

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Our high resolution 3D scanner is a new generation Cone Beam CT scanner, specifically intended for examination of the jaws and skull. The scan time may be as little as 10 seconds, and the patient is examined in a seated position rather than lying down, so patient comfort is much improved.

The scans set a new standard in planning for Dental Implant Surgery, Oral and Maxillofacial Surgery, ENT Surgery, Endodontics, Periodontics and Orthodontics.

This data can also be processed by our sophisticated software to identify and select a particular anatomical region. We can then view this as a high resolution 3D image.

## 2D Panoramic Radiography

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This examination produces a 2D image of all your teeth and jaws (including buried teeth), and is useful for planning Dental Treatment, Orthodontics, Oral Surgery, or simple Dental Implant Surgery.

