Dental CBCT / OPG Referral Form

Plymouth Dental Centre of Excellence,
162 Victoria Road, St Budeaux, Plymouth PL5 1QY
Email: reception@plymouthdental.co.uk Tel: 01752 364717

	Patient Details
Name	
Date of birth	
Address	
Patient contact tel	
	Referrer Details
Name	
Address	
Signature	
Date of referral	
Referrer contact tel and email address:	
Have you provided your level 1 CBCT certificate / SLA agreement?	

Reason for Scan:		
Panoramic 2D Imaging (OPG)	Tick this box if OPG	
CBCT 3D Imaging (Please select image required)	Full CT 8 x 9 (both arches)	Full CT 10 x 10 (both arches)
	Upper or Lower arch 8 x 5	Upper or Lower Arch 10 x 5
CBCT 3D Imaging (please note sectional is 2-3 teeth, indicate which tooth you require clearly	Sectional CT (Tooth notation)	Dose: Low Standard High Resolution (Endodontics)
Do you require a report? Please see below for costs.	Yes	No
Please add as much information and justification as possible ie Endodontics so we choose correct resolution. Please allow 2 weeks for report to arrive.		
Note: All CT imaging will include CS Mar (Metal artifact Reduction)		**Included with every scan**
Do you require ANR ? (Advanced noise reduction) Not to be used for Endo: Yes / No		

Internal Use	This section to be completed by IR(ME)R Operator
Name of IRMER practitioner	
Signature	
Date	
Details of scan authorised	

Scan Information	This section to be completed by Plymouth Dental Centre of Excellence
Name of operator	
Signature	
Date of scan	
Exposure factors used	

Pricing:	Price without report	Price with report
Full CBCT scan	£300.00	£415.00
Upper or lower arch CBCT scan	£275.00	£360.00
Sectional CT scan	£176.00	£250.00
OPG / Panoramic 2D	£115.00	N/A
Note: We use Fusion Radiology for all reporting so please indicate if you require this addition service		

Once X-ray has been taken, the scan will be posted to the practice on a USB.
All software will be uploaded onto the USB. We aim to do this within 7 days of patient having a scan.