

# CBCT Referral form:

Several dentists in the South West refer their patients to us for CBCT scans using our state of the art technology, which is instrumental in planning high quality, advanced dental procedures. Please complete the form below and return by email to [hello@thebristoldentist.co.uk](mailto:hello@thebristoldentist.co.uk) or by post to The Bristol Dental Practice, 1 Queen Square, Bristol, BS1 4JQ.

## Referrer Details

Name

What practice are you referring from?

Address

Email

Telephone

## Patient Details

Patient's name

Patient's date of birth

# CBCT Referral form:

Patient's address

Appointment date (if booked)

Gender

Male  Female

Possibility of pregnancy?\*

Yes  No

Area of Interest:

Both Jaws (8 x 8cm)  Maxilla (8 x 5cm)  Mandible (8 x 5cm)  Quadrant (5 x 5cm)

Teeth to be scanned (Important: If no teeth are indicated, the whole jaw will be scanned)

Patient to bring radiographic template?

Yes  No

Radiographic Template Type:

Denture Marked  Separate Template

Clinical indications:

# CBCT Referral form:

## Justification for CBCT:

- Implants
- Endodontics
- Sinus Exam
- TMJ
- Oral Pathology
- Bone Graft
- Orthodontics
- Impacted Teeth

## CBCT Format:

- DICOM Files
- Romexis Viewer

## CBCT Output\*:

- CD-ROM
- Email

## Digital impression required? (STL file - additional £10):

- Yes
- No

## 2-D Digital Panoramic (OPG) required:

- Yes
- No

## 2-D Output:

- Yes
- No

## Dose Reduction Required?

- Yes
- No