

# THE SCANNING SUITE

## IMAGING REFERRAL FORM

### Referred By:

Name ..... Email .....  
Hospital Address ..... Tel .....  
.....

### Patient Details:

Title ..... Forename ..... Surname .....  
DOB ...../...../..... Tel ..... Address .....  
Email .....  
NHS Number .....  
Purchase Order No ..... Possibility of pregnancy?  Yes  No

**Image Format:**  DICOM File  Multifile DICOM  Dental Imaging Software Required  Cloud storage (secure link emailed)  PACS

**Radiology:**  Please supply a radiologist report

### EXAMINATION REQUIRED:

Cone Beam CT  My patient will wear a stent  Digital Panoramic  Digital Cephalometric  With tracing report  
 Intraoral Scan - Trios 3 Colour:  Model  Wax-up  Maxilla  Mandible  Both jaws

### REGION OF INTEREST FOR CBCT:

Single Arch Upper  
 Single Arch Lower  
 Double Arch (8x8cm) (if no teeth are selected, the whole jaw will be scanned)  
 Small Volume (5x5cm): please use the tooth diagram  
 2 x Small Volume (5x5cm) - two separate files



### IMAGING JUSTIFICATION:

Implants  Sinus Exam  
 Bone Graft  Oral Pathology  
 Impacted Teeth  Orthodontics  
 Endodontics

### WISDOM TEETH ONLY

 When requesting both lower wisdom teeth please indicate your preference:

Double Arch (8x15cm)  2 x Small Volume (5x5cm) - two separate files

Notes: e.g. specific imaging parameters / protocols / scanner preference / concern / medical history

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**IRMER 2000 Regulations:** The Scanning Suite does not routinely report upon referred scans or 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. The Scanning Suite strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of incidental pathology.

Signed: \_\_\_\_\_

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