

Imaging referral form



SINCE 1994

EDINBURGH
DENTAL SPECIALISTS

1. Patient and referring dentist details:

Patient name:			
Telephone:		Date of birth:	
Address:			
		Postcode:	
Name of patients doctor or GP:			
Dentist name:			
Address:			
		Postcode:	
Email:		Telephone:	
Dentist GDC number:			

I have undertaken training required to satisfy the minimum criteria as an Irmer Referrer / Conebeam CT which is covered on pages 49, 50 and 51 of the Guidance of Safe Use of Dental Cone Beam CT (Computed Tomography) Equipment prepared by the HPA Working Party on Dental Cone Beam CT Equipment.

2. Scan details / Region of interest (please mark X as appropriate)

Region to be scanned:																
Small volume: (sectional scan) (please use the tooth diagram)		Maxillae:		Mandible:		Both:		Zygomias								
Upper jaw:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower jaw:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient to wear stent provided by dentist:		Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>											

Due to the many different types of radiographic stents, it is essential that you ensure that your patient is competent in positioning it to your specifications.

2 nd scan, of stent, required?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
---	------	--------------------------	-----	--------------------------

In accordance with IR(ME)R 2000 a clinical justification must be provided for each dental CBCT scan and the scan must be clinically evaluated by someone trained in the analysis of dental CBCT scans.

Reason for referral and justification for the scan:	
Special instructions to IRMER operator involved in scan acquisitions:	

Imaging referral form



SINCE 1994

EDINBURGH
DENTAL SPECIALISTS

2. Scan details / Region of interest (please mark X as appropriate)

Images will be reviewed and findings recorded by an IRMER operator (reporter) either:			
Me:	<input type="checkbox"/>	Other (state name):	<input type="checkbox"/>

Note: we are able to offer the service of Dr Donald Thomson - Specialist in Dental & Maxillofacial Radiology, for all radiographic reporting (see below for additional fees).

3. Costs (please mark X as appropriate)

<input type="checkbox"/>	Dental CBCT Scan for small volume or single jaw	£99
<input type="checkbox"/>	Dental CBCT Scan for both jaws	£180
<input type="checkbox"/>	Simplant conversion one jaw	£250 (includes cost of scan)
<input type="checkbox"/>	Simplant conversion two jaws	£370 (includes cost of scan)
<input type="checkbox"/>	Second scan of stent for "Nobelguide" or similar	£50
<input type="checkbox"/>	Full Radiology report from Dr Donald Thomson. Specialist in Dental & Maxillofacial Radiology	£90 per scan

4. Delivery

Delivery preference (Please mark X as appropriate):	<input type="checkbox"/>	CD:	<input type="checkbox"/>	Email:	<input type="checkbox"/>
---	--------------------------	-----	--------------------------	--------	--------------------------

5. Irmer operator (acquisition) use only

Appt. date:	<input type="text"/>	Appt. time:	<input type="text"/>		
Field of view:	<input type="text"/>	Duration seconds:	<input type="text"/>	mAs:	<input type="text"/>
Effective dose (mSv):	<input type="text"/>	Voxel size (mm)	<input type="text"/>		
Print operator name:	<input type="text"/>	Date:	<input type="text"/>		
Confirmation of scan justification by IRMER "practitioner":	<input type="text"/>				