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

OPG:								
CBCT - Region to be scanned:								
Small volume: (sectional scan): (please use the tooth diagram)		Maxillae:		Mandible:		Both:		Zygomas:

Upper jaw:																
	R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	L
Lower jaw:																

Patient to wear stent provided by dentist:	Yes:		No:	

☐ 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.

2nd scan, of stent, required?:	Yes:		No:	

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 CBCT/OPG:	
Special instructions to IRMER operator involved in CBCT acquisitions:	

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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:		Other (state name):	

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)

	Dental CBCT Scan for small volume or single jaw	£110
	Dental CBCT Scan for both jaws	£200
	Full Radiology report from Dr Donald Thomson Specialist in Dental & Maxillofacial Radiology	£100 per scan
	OPG	£105

4. Delivery

Delivery preference (Please mark X as appropriate):	Email:	

5. Irmer operator (acquisition) use only

Confirmation of scan justification by IRMER "practitioner":	Print:		Sign:		GDC no:	

Appt. date:		Appt. time:	
Field of view:		Exposure time:		mAs:	
DAP (mGycm2):		Vaxel size (mm):	
Print operator name:		Date:	