

DIRECT MEDICAL IMAGING LTD

CBCT Referral Form



REFERRER DETAILS

Name of Referrer:
Practice name:
Address:
Telephone:
Email:

PATIENT DETAILS

Name of Patient:
Date of Birth:
Address:
Telephone:

CLINICAL INDICATIONS (Please Complete)

--

Referrer Signature:

Recorded Dose:

JUSTIFICATION FOR X-RAYS

<input type="checkbox"/>	Implants
<input type="checkbox"/>	Bone Graft
<input type="checkbox"/>	Impacted Teeth
<input type="checkbox"/>	Endodontics
<input type="checkbox"/>	Sinus Exam
<input type="checkbox"/>	TMJ
<input type="checkbox"/>	Oral Pathology
<input type="checkbox"/>	Ortho

Payment: Referrer Patient

Mandible Maxilla Both Jaws

Is the patient coming with a radiographic stent? Yes No

Is the patient possibly pregnant? Yes No

Please select your preferred CBCT format:

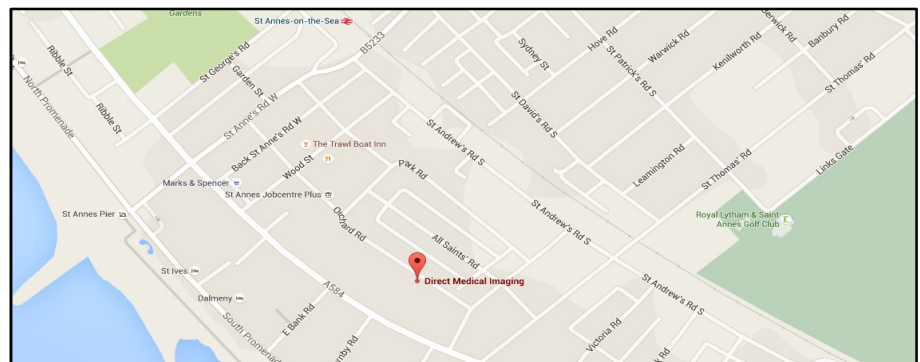
iCat Vision DICOM Simplant Planner Simplant One Shot Simplant View

CD containing images to be:

Given to Patient Posted to Referrer

We are located opposite the job centre on Orchard Road. Free parking is available on site.

Direct Medical Imaging does not routinely report on CBCT scans. To comply with the IRMER 2000 regulations all CBCT scans are required to be reviewed and reported in the clinical notes by the referring practitioner or by a radiologist.



DIRECT MEDICAL IMAGING LTD, 32 ORCHARD ROAD, LYTHAM ST ANNES, LANCASHIRE, FY8 1PF
 Email: INFO@DMI-UK.COM TEL: 01253 640000 FAX: 01253 720027 WEB: WWW.DMI-UK.COM