16 Broadway Road, Evesham, Worcestershire, WR11 1BG
01386 422833
reception@eveshamdental.co.uk

evesham dental health team

CBCT OR OPT REFERRALS

At Evesham Dental Health Team we are very grateful and honoured to accept referrals from our professional friends and colleagues. We will always respect this privilege by taking our utmost care, provide the requested advice/treatment and following completion, return patients to their own practice for ongoing dental care.

Please complete the following form and attach any photographs or notes you wish to include in your referral.

REFERRING PRACTICE DETAILS

Practice:	
Practitioner:	
Email:	
Address:	
Telephone:	

PATIENT DETAILS

Name:	
Date of Birth:	
Email:	
Address:	
Tel (Home):	
Tel (Mobile):	
Tel (Work):	

Reason for referral and justification for the scan (mandatory) and any special instructions:

SCAN REGIONS

Type of scan:	☐	Cone Beam CT Scan	☐ OPT	☐	CBCT & OPT
Region of interest:	☐	Maxilla	☐ Mandible	☐	Maxilla & Mandible

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SCAN SIZE (INDICATE AREA ON DIAGRAM BELOW)

Field of view:

- ☐ 11cm - Recommended for upper ectopic canine / sinus / wisdom teeth / TMJ / airway evaluation
- ☐ 8cm - Normal dentition
- ☐ 5cm - Particular teeth

Upper Right	Upper Left
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Lower Right	**Lower Left**
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

Patient to wear Radiographic Marker? ☐ Yes ☐ No

YOUR PREFERENCE

☐ Patient to pay at scan appointment ☐ or, invoice to be sent to referring dentist.

☐ Patient to take scan on a USB stick ☐ or, email scan via 'Send Safely' to referring dentist.

CBCT: Fee of £199 includes scan DICOM file on USB and Pathology Report.
OPT: Fee of £65 includes scan on USB or sent by email to referring dentist.
CBCT & OPT: Fee of £264 includes scan DICOM file on USB and Pathology Report.

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 or by a radiologist. All CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. All our CBCT scans are sent to a reporting service by a Consultant Radiologist. The resultant Pathology Report is emailed to you the referring dentist/doctor.

SIGNED

Name: ..... **Signature:** ..... **Date:** .....

Thank you for your referral.

We will write to you when your referred patient has their first appointment, and we will keep you informed of any treatment we provide.