

Dental CT Scan Request Form

<p>Patient Details:</p> <p>Title: Initials:</p> <p>First name:</p> <p>Last name:</p> <p>D.O.B.:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Post code:</p>	<p>PIN:</p> <p>Home tel:</p> <p>Work tel:</p> <p>Mobile tel:</p> <p>E-mail:</p> <p>Preferred contact method:</p> <p>Notes:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>Referring Dentist Details:</p> <p>Dentist Name:</p> <p>Practice Address:</p> <p>.....</p> <p>Practice Tel No:</p> <p>Reason for scan and justification:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Dentist's signature:</p> <p>GDC Number:</p>
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<p>CT scan requirements:</p> <p>All scans will be parallel to the occlusal plane unless otherwise specified</p> <p>Radio-opaque marker to be worn? Yes / No</p> <p>Maxilla <input type="checkbox"/> Mandible <input type="checkbox"/></p> <p>CT Scan Charges</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: right;">£</th> <th style="width: 15%; text-align: right;">Total</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Scan on CD only</td> <td style="text-align: right;">100</td> <td></td> <td></td> </tr> <tr> <td>Radiographer Report: Single Jaw</td> <td style="text-align: right;">65</td> <td></td> <td></td> </tr> <tr> <td>Double Jaw</td> <td style="text-align: right;">90</td> <td style="text-align: right;">£</td> <td></td> </tr> </tbody> </table> <p>Indicate your preference for radiological interpretation of the dento-alveolar region:</p> <p><input type="checkbox"/> Please supply a radiographer's report OR</p> <p><input type="checkbox"/> I undertake to report on the scan as required by IR(ME)R 2000/2006</p> <p>Dentist's signature:</p> <p>Payment by cheque must accompany this form</p> <p>Formatting</p> <p>Formatting referral service to IDT Ltd. Price on application.</p> <p>Assistance with planning</p> <p>Assistance with case planning at Devonshire House. Price on application.</p>		£	Total		Scan on CD only	100			Radiographer Report: Single Jaw	65			Double Jaw	90	£	
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Scan on CD only	100															
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Double Jaw	90	£														

Please post completed form with payment to: Devonshire House, 2 Queen Edith's Way, Cambridge, CB1 7PN
For further information please call us on 01223 245266

<p>Devonshire House use: <input type="checkbox"/> Scan</p> <p>Appt date: <input type="checkbox"/> Formatting</p> <p>Appt time: <input type="checkbox"/> Planning</p>	<p>Amt Rec'd £..... Scan completed:.....</p> <p>Receipt sent: Data returned:</p> <p>Initials: Initials:</p>
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