Devonshire House
SPECIALISTS IN DENTAL CARE

Dental CT Scan Request Form

Patient details:

Title: First name: Last name:

Address:

Postcode:

Tel (h): Tel (w):

Mobile: Email:

Preferred contact method: DOB: / /

Referring Dentist details:

Dentist name: Practice:

Practice address:

Postcode: Practice tel:

Brief patient history:

Reason for scan:

CT scan requirements:

All scans will be parallel to the occlusal plane unless otherwise specified. Radio-opaque marker to be worn? ◯ Yes ◯ No

◯ MAXILLA ◯ MANDIBLE

Indicate your preference for radiological interpretation of the dento-alveolar region:

◯ Please supply a Radiologist report
OR
◯ I undertake to report on the scan as required by IR(ME)R 2000/2006

CT scan charges:

Scan on CD only		£100	
Radiologist report:	Single jaw	£ 70	
Radiologist report:	Double jaw	£ 95	Total £

Dentist signature:

GDC number:

Formatting: Formatting referral service to IDT Ltd. Price on application.
Assistance with planning: Assistance with case planning at Devonshire House. Price on application.

YOUR PATIENT WILL BE ASKED TO PAY FOR THEIR SCAN AT THEIR APPOINTMENT UNLESS YOU INSTRUCT US OTHERWISE.

Devonshire House use:	☐ Scan	Amt Rec'd £................	Scan completed:...........
Appt date:	☐ Formatting	Receipt sent:	Data returned: ....
Appt time:	☐ Planning	Initials:	Initials: ....

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