sorriso*

Dental imaging request

We are always happy to accept referrals from dentists to help manage the care of their patients.

Please complete all details.

Patient details

Name

Date of birth

Address

Postcode

Mobile

E-mail

Referring practitioner details

Name

Practice address

Postcode

Mobile

E-mail

Image Required

- [ ] 2D Digital Panoramic
- [ ] 3D CBCT Imaging (please select field of view)
  - [ ] 1-4 teeth
  - [ ] Single Jaw
  - [ ] Both Jaws

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Sorriso Dentistry, The Rear Barn, Marshall's Yard, Windsor End, Beaconsfield, Bucks, HP9 2JJ
Call us on: 01494 412442 - Email: hello@sorrisodental.co.uk

To comply with the IR(ME)R 2000 regulations, all radiographs and CBCT scans are required to be justified, reviewed and reported into the clinical notes by the referring practitioner or by a radiologist.
We are unable to provide a report for your requested radiographs and CBCT images unless you request one. We strongly recommend that all CBCT and other radiographic examinations are reported upon to rule out the possibility of coincidental pathology, and can arrange to provide a report for your requested images for an additional fee of £85 per image.

Please choose one of the below:

- ☐ You would like us to arrange for this patient's radiographic examination(s) to be reported upon (£85 per image) (This report will be sent to you separately)
- ☐ You are adequately trained and competent to interpret and report your own CBCT images.

Imaging details CBCT only

Please tick teeth required in the chart

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

- ☐ Maxilla
- ☐ Both jaws
- ☐ Mandible

48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Is the patient pregnant?

☐ Yes ☐ No

Does patient have a radiographic template?

☐ Yes ☐ No

Justification for image

- ☐ Implants
- ☐ Oral Pathology
- ☐ TMJ
- ☐ Sinus Lift
- ☐ Orthodontics
- ☐ Endodontics
- ☐ Oral Surgery
- ☐ Bone Graft

Image format

- ☐ Email
- ☐ CD

Payment

- ☐ Patient
- ☐ Referring Dentist

Please send the form to the address below, or give it to the patient for same day appointments.

Thank you for your referral.

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