



IMAGING REFERRAL FORM

REFERRED BY:

Name: _____ Address: _____
 Tel: _____ Email: _____ GDC: _____
 What radiography qualification do you have? _____ Last IRMER Date: ___/___/_____
 Signature: _____ Date: ___/___/_____

PATIENT DETAILS:

Title: _____ Forename: _____ Surname: _____ Date of birth: ___/___/_____
 Address: _____ Mobile: _____
 Possibility of pregnancy: Yes No
 Is the patient coming with a radiographic template? Yes No

RADIOGRAPHIC EXAMINATION REQUIRED (please tick one)

- Cone Beam CT OPT
 Upper Jaw Lower Jaw TMJ Zygoma Full Height
 Localised Field of View

Region of interest and purpose/justification of

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Examination: _____

- Implants (Bone Width) Bone Graft Ortho Impacted Teeth Endodontics
 TMJ Oral Pathology Sinus Other _____

FORMAT DATA DELIVERY OPTIONS FOR CT SCANS

- Dicom & Viewer on CD Email file via SUGARSYNC Duplicate CD required (£25 extra)

PAYMENT Account to referrer Patient to pay

All imaging service fees must be paid before the patient appointment is booked.

Spire Dental does not routinely report upon scans and radiographs. 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. Spire Dental strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Spire Dental offers a reporting service by a Consultant Radiologist.

- I would like this patient's radiographic examination to be reported upon by your Consultant Radiologist. (£105 per arch)
 I will make my own reporting arrangements. My System for reporting is _____

DATE OF SCAN OR RADIOGRAPHIC EXAMINATION : [OFFICE USE ONLY]

REVIEWED & AUTHORISED AS JUSTIFIED BY : **Date:** /..... /..... [OFFICE USE ONLY]

WELCOME TO IMAGING AT SPIRE DENTAL

All imaging appointments are to be booked through our reception team. Your radiographic and CT examinations take place in our ground-floor, dedicated Radiography / Acquisition suite. Imaging results are available immediately for radiography or CT scans, unless the image is to be sent for specialist reporting.

Please allow 30 minutes for your examination.

OPENING HOURS

- Our opening hours are Monday to Thursday 9am to 5pm. Friday 9am to 3.20pm. Saturday and evenings by appointment only.
- We accept all major credit cards and cash.
- All imaging service fees are due at the time of the appointment.
- Your dentist may ask you to wear a plastic guide during your scan - please be sure to bring this along.

3D SCANNING OF THE JAWS

Our high resolution 3D scanner is a new generation Cone Beam CT scanner, specifically intended for examination of the jaws and skull. The scan time may be as little as 10 seconds, and the patient is examined in a seated position rather than lying down, so patient comfort is much improved.

The scans set a new standard in planning for Dental Implant Surgery, Oral and Maxillofacial Surgery, ENT Surgery, Endodontics, Periodontics and Orthodontics.

This data can also be processed by our sophisticated software to identify and select a particular anatomical region. We can then view this as a high resolution 3D image.

2D PANORAMIC RADIOGRAPHY

This examination produces a 2D image of all your teeth and jaws (including buried teeth), and is useful for planning Dental Treatment, Orthodontics, Oral Surgery, or simple Dental Implant Surgery.

HOW TO FIND US

