DENTIST REFERRALS FOR CBCT & OPT

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Thistle Dental
Orthodontic & Implant Centre

Referring Dentist Details

Referring Dentist Name		GDC Number	
Practice Address		Practice Name	
		Practice Tel No	
		Practice Email	

Patient's Details

Patient Name		Patient DOB	
Patient Address		Home Tel No	
		Mobile No	
		Patient Email	

Relevant Medical History (please include known allergies and current medication)

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Referral Information Firstly are the requested scans justified? ☐ Yes ☐ No

You are responsible for reviewing and reporting on the findings on all radiographs and scans.
CBCT scans will come with a CD and viewing software.

Scan Required Comments (e.g. area to be scanned, Radiographic Guide etc):

- ☐ Digital OPT
- ☐ Upper CBCT 5x8cm
- ☐ Upper & Lower CBCT 8x8cm
- ☐ Small Field CBCT 5x5cm
- ☐ Lower CBCT 5x8cm
- ☐ Upper & Lower CBCT 11x8cm (XL)

Justification (for OPT & CBCT)

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CBCT

Anterior limits		Inferior limits	
Posterior limits		Superior limits	
Definition		Mobile No	
Plane of exposure		Patient Email	