

# THE SCANNING SUITE

## IMAGING REFERRAL FORM

### Referred By:

Name ..... Email .....  
Address ..... Tel .....  
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### Patient Details:

Title ..... Forename ..... Surname .....  
DOB ...../...../..... Tel ..... Address .....  
Email .....  
NHS Number .....  
Purchase Order No ..... Possibility of pregnancy?  Yes  No

**Image Format:**  DICOM File  Multifile DICOM  Image with viewing software  Cloud storage (secure link emailed)  PACS

**Radiology:**  Please supply a radiologist report

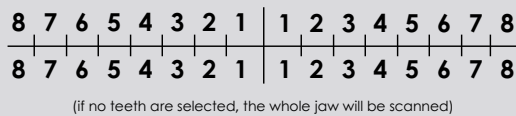
### Examination Required

Digital Panoramic  Digital Cephalometric  With tracing report  Optical Scan  Model  Wax-up  
 Cone Beam CT  My patient will wear a stent

Region of Interest:

#### Dental:

Lower Jaw  
 Upper Jaw  
 Small Volume: please use the tooth diagram



#### Imaging Justification:

Implants  Sinus Exam  
 Bone Graft  Oral Pathology  
 Impacted Teeth  Orthodontics  
 Endodontics

### Wisdom Teeth \*If requesting both lower wisdom teeth please indicate your preference:

One scan (8x15cm)  Two small volume scans - separate files (5x5cm)

Notes: e.g. specific imaging parameters / protocols / scanner preference / concern / medical history

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**IRMER 2000 Regulations:** The Scanning Suite does not routinely report upon referred scans or 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. The Scanning Suite strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology.

Signed:

Date: