



Salisbury Implant Centre

Committed to Excellence

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E mail – fisherton151@yahoo.co.uk

REFERRAL LETTER

Please circle : CBCT OPG

DATE :

PRACTITIONER DETAILS

Name of Practitioner:
Practice name:
Address:
Telephone:
Email:

PATIENT DETAILS

Name:
Surname:
Date of Birth: / / <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone:

CBCT scan will be sent:

- Memory Stick
- CD
- OPG will be emailed

CBCT

Mandible Maxilla Both Jaws Sectional/quadrant

(If no teeth are selected the whole jaw will be scanned)

Is the patient coming with a radiographic template? Yes No

Is the patient possibly pregnant? Yes No

Dose recorded

Clinical Indication & Justification for X -Rays

Referrer Signature : _____

Salisbury Implant Centre 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. We strongly recommend that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. As per your service level agreement dental CBCT images will be reported on by the referring practice. The referring practice will be responsible for ensuring the clinical evaluation takes place and is properly recorded.