

# Felpham Dental CBCT Referral Form

To make a referral for a CBCT Scan, please complete the form below and save it to your computer before attaching it and sending to Felpham Dental by email to felphamdental@aol.com

If you have difficulty completing this form, please enter data manually then print and post a completed form to:

## Patient Details

Felpham Dental, 83 Felpham Road, Bognor Regis, West Sussex, PO22 7PF or Fax to 01243 864663

**Patients name:**

**Date of birth:**

**Patients address:**

**Tel:**

## Referring Dentist Details

**Dentists Name:**

**Practice address:**

**Referral Date:**

**Tel:**

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**Email:**

**Reason for referral and clinical justification for CBCT scan?**

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**Define the anatomical area that the scan should cover:**

**What information do you want the dental CBCT examination to provide?**

**Patient to wear stent provided by dentist? yes or no**



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The patient is generally given the image data to take away with them on the day –by CD ROM or USB. The CBCT image will be reported on by the referring dentist - we can arrange for an outside source to report on findings at an additional cost. Please inform us if you are requesting this. The additional fee is £90.

**Important information: it is essential that you complete all sections of this form in full.**

**All incomplete forms will be returned to the referring dental practice, which may result in a delay.**

**The referring practice will be responsible for ensuring the clinical evaluation takes place and is properly recorded.**

**Signature of referring dentist:**

**If you do not have a digital version of your signature available please type name in signature area to the left and check the box above to acknowledge the inclusion of all data required for us to proceed.**