

CBCT Scan Referral Form

To initiate a referral for a CBCT Scan, kindly fill out the form provided below, save it to your device, and attach it to an email addressed to **reception@thesandford.com**

In case you encounter any issues while completing this form electronically, please print and enter the required information, and send via post to the following address: **The Sandford, 306 Broadway, Bexleyheath, Kent DA6 8AA**

Patient Details

Patient's name	Date of birth	
Address		
Contact Numbers	Home	Mobile

Referring Dentist

Referring Dentist	GDC No.	
Practice address		
Email	Tel	Mobile
Have you completed Level 1 CBCT training? <i>If not, an additional fee of £150 will be charged for the CBCT to be reported externally by us</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Referring Details

Reason for referral and clinical justification for CBCT scan?

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

Patient to wear stent provided by dentist?

Yes☐

No☐

OPG X-ray or Sectional 3D scan (CBCT)?

OPG☐

CBCT☐

Justification for radiograph (this section must be completed)

Define the anatomical area that you would like the scan to cover

Mandible☐

Maxilla☐

Both Jaws☐

R

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Patients to
pay at visit ☐

Payment to be made
by the referrer ☐

* Images will be sent electronically to dentist– both SIRONA DICOM

Export Wrap & Go and/or Raw DICOM data (to be imported into your own CT Viewing software –

Simplant, iCat Vision, CS-3D etc.)

The CBCT image must be reported on by the referring dentist as per your service level agreement -

we can arrange for an outside source to report on findings at an additional cost.

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 in
your patients' treatment.

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

Date of referral:

Signature of referring dentist:



The Sandford, 306 Broadway
Bexleyheath, Kent, DA6 8AA

reception@thesandford.com
020 8303 7051



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Orthodontic Practice
South



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