

3D DENTAL CT SCAN REQUEST O ENDODONTIC O ORAL SURGERY

Specialists in Endodontics

Dr Alan Holland MSC BChD LDS RCS (Eng)
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Specialist in Oral Surgery

Dr Simon Martin MBChB BDS FDS RCS (Eng)

Date

Patient Name		Title
Address		Postcode
DOB / / Tel (h) Mobile Connect via post email	Ema	Tel (w)
Referring Practitioner Name Practice Address		Postcode
Tel Email Reason for Referral		Fax
GDC No. CT SCAN REQUIRED	GMC Mandible £150.00 £200.00 £300.00 £80.00	Tooth No. Please indicate your preference for radiological interpretation of the dento-alveolar region Please supply a Consultant Radiologist report I undertake to report on the scan myself as required by IR(ME)R 2000/2006

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