



Specialists in Endodontics

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Specialist in Oral Surgery

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3D DENTAL CT SCAN REQUEST

Date

ENDODONTIC ORAL SURGERY

Patient Name		Title	
Address			
			Postcode
DOB	/ /	Tel (h)	Tel (w)
Mobile		Email	
Connect via <input type="radio"/> post <input type="radio"/> email			

Referring Practitioner Name			
Practice			
Address			Postcode
Tel		Fax	
Email			
Reason for Referral			
GDC No.		GMC No.	
CT SCAN REQUIRED	<input type="radio"/> Maxilla	<input type="radio"/> Mandible	Tooth No.
CT SCAN CHARGES		Please indicate your preference for radiological interpretation of the dento-alveolar region	
<input type="radio"/> Single unit	£150.00	<input type="radio"/> Please supply a Consultant Radiologist report	
<input type="radio"/> Full arch	£200.00	<input type="radio"/> I undertake to report on the scan myself as required by IR(ME)R 2000/2006	
<input type="radio"/> Upper and lower arch	£300.00		
<input type="radio"/> Radiologist report	£86.00		

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