



Dental Imaging Referral Form

Referring Dentist Details

Clinicians Name:		GDC Number:	
Practice Name:			
Address:			
Postcode:			
Telephone:		Email:	

Patient Details

Patient's Name:		Date of Birth:	
Patient's Address:			
Postcode:			
Contact No.		Email:	

Examination Required

OPG £75.50

CBCT Scan £217

Mandible

Maxilla

Both Jaws

Yes

No

Is the patient coming with a Radiographic template?

Full Arch FOV

Small FOV

Area of Interest:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Purpose of scan e.g. Implant Planning _____

Reporting

We do not routinely report upon scans and radiographs. To comply with the IRMER 2017 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 CBCT scans are reported on to rule out the possibility of coincidental pathology. We offer a reporting service by a Consultant Radiologist at an additional cost.

I will arrange my own reports

I would like Langmans to arrange for a radiologist to provide a report and understand that the cost is £125 for a 5x5 volume scan, £145 for an 8x5 volume scan and £165 for an 8x8 volume scan.

PTO

Payment

Invoice referring clinician

Patient to pay on day

I confirm patient has been informed of the charge

Signature

Date

Please email the completed form to sam@langmansdental.co.uk. We endeavour to respond within 48 hours of receiving referrals.