COTTINGHAM
DENTAL PRACTICE

COTTINGHAM HOUSE
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COTTINGHAM
EAST YORKSHIRE HU16 5QJ

TEL: 01482 848655
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CBCT / OPG / intraoral scan Referral Form

Please complete all of the fields as appropriate.

Date / /

Dentist details

Referring dentist

GDC number

Address

Postcode

Telephone Email

Patient details

Title (Mr/Mrs etc) Gender M ☐ F ☐ Name

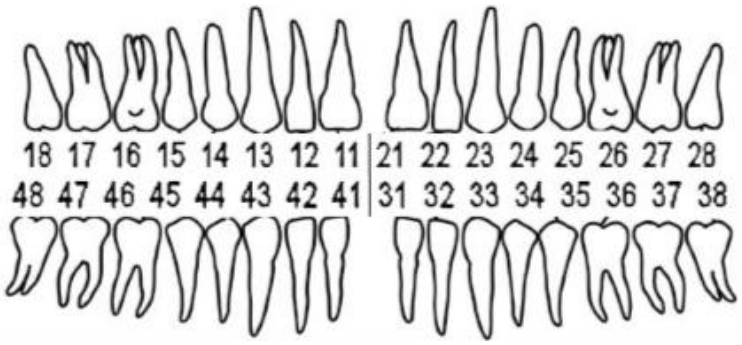
DoB / / Contact address

Postcode

Contact telephone: Home Work

Mobile Email

Please circle the area of interest



Dentist's reason for CBCT/OPG referral (clinical context for requesting scan, including justification)

Reporting of scans

Please tick this box ❒ to confirm the following details:

I am the IRMER CBCT trained referrer. I am adequately trained to request a CBCT/OPG and I will report on my patient's scan. I have informed my patient of the cost of the scan (see details over the page).

Fee to be paid by: ❒ Patient ❒ Dentist/practice

Signature

Scan volume for CBCT	Tick	Fees
Small volume 5 x 5cm	❒	£100.00
Small volume high resolution 5 x 5cm	❒	£100.00
Medium volume 8 x 5cm Upper or lower jaw	❒	£150.00
Large volume 8 x 9cm Full mouth	❒	£200.00
Scan of object eg stent, model, impression	❒	£25.00
OPG	❒	£61.00

Intraoral scan

Upper arch	❒	£25.00
Lower arch	❒	£25.00

Images are sent out via email so please make sure we have got your correct email address.

PAYMENT

We will take payment from the patient at the time of their appointment. However if the patient states that the dentist is to cover the cost without our prior knowledge, we will contact the practice for confirmation before the scan is taken.

Special instructions

Please email (referral@cottinghamdp.co.uk) or post this form back to Cottingham Dental Practice. Thank you.