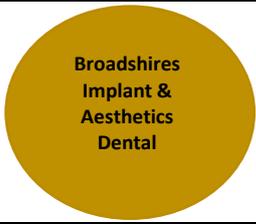


Broadshires Radiograph Referral Form



Telephone: 01993 633491 Address: Broadshires Implant & Aesthetics Dental Practice, 45 Alvescot Road, Carterton, OX18 3JN
www.broadshiresdental.co.uk

Referred By:

Name of the Practitioner: _____
Practice Name: _____
Address: _____
Telephone: _____
Email: _____
Date: _____
Signature: _____
Examination Required: _____

Patient Details:

Title: _____
Forename: _____
Surname: _____
Date of Birth: _____
Address: _____
Telephone: _____
Email: _____

Justification (mandatory).....

Radiographic Stent Supplied to Patient

Radiographic Stent Sent to the Practice

Region of interest:



Indicate teeth or 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

CBCT Upper jaw Left Bitewing
 CBCT Lower jaw Right Bitewing
 CBCT Both Jaws OPG
 Small volume
Please use the diagram Other

IRMER 2000 Regulations: Broadshires Dental Practice does not routinely report upon scans or radiographs. To comply with the IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. Broadshires Dental Practice strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Broadshires Dental Practice offers a reporting service by Dr M Sumair Khan.

Would like this radiographic examination to be reported upon by Dr M Sumair Khan and understand the fee.
 I will make my own reporting arrangements
 Patient to pay on appointment Practice to be invoiced

On completion of the form please send it to broadshirespatient@gmail.com

PRICELIST

2D Digital Radiography

OPG Radiograph	£50.00
External bitewings	£30.00

Cone Beam CT Scanning

Small Volume	£100.00
Maxillia or Mandible	£170.00
Both Maxillia and Mandible	£300.00

Radiography Report

OPG Report/ External Bitewings	£50.00
Small Volume	£65.00
CBCT 1 Jaw	£85.00
CBCT both Jaws	£120.00

