Cambridge Dental Hub

Love Your Smile 1 Brooke House, Kingsley Walk, Newmarket Road, Cambridge, CB5 8TJ Love Your Smile

01223363277 reception@cambridgedentalcare.co.uk www.cambridgedentalhub.co.uk

Dr David Gilmartin, Dental Surgeon
Dr I-Chun (Mago) Peng, Dental Surgeon
Dr Jonathan Dixon, Dental Surgeon
Dr Etienne Deysel, Sedationist
Dr Gulelala Azhar, Dental Surgeon
Dr Konstantinos Tzamalas, Specialist Orthodontist
Dr Alvaro De Castro Torres, Dental Surgeon
Mrs. Nur Gilmartin, Dental Hygienist
Dr Jaime De Castro Torres, Dental Surgeon
Dr Casey Prawairadiraja, Dental Surgeon
Dr Monica Cueva Moya, Dental Surgeon
Miss Sam Singleton, Practice Manager

REFERRAL LETTER FOR CT SCAN AND DIGITAL RADIOGRAPHY

Referring Dentist Details: Dentist Name: GDC Number: Dentist Email: Practice Name and address: Practice Tel. No Practice Email:	**PLEASE NOTE THAT WE WILL NOT BE PROVIDING A RADIOGRAPHIC REPORT OF THE CT SCAN OR THE DIGITAL X-RAY UNLESS REQUESTED** Please read and tick the boxes: ☐ I am the IRMER referrer / operator. I am adequately trained to report on my patient's scan and I will report the scan/radiograph myself. Reason for scan and justification: Dentist Signature: Date
Patient Details: Name: DOB: Address: Home Tel: Mobile Tel: Email: Notes: We will take a full MH and ask the patient to sign a consent form prior to taking x-ray. The referring dentist can request a copy of these documents.	All scans will be parallel to occlusal plane unless otherwise specified. SCAN REQUIRED ☐ 3D CBCT ☐ 2D- Digital Panoramic (OPG) ☐ Maxilla ☐ Mandible Specific Areas you wish us to scan and any other or observations you wish to make: Please note that patients are expected to pay on the day for their scan/X-ray. Return to **XrayRequest@cambridgedentalcare.co.uk**

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Consent form for Dental X-rays

A CT scan — also called CT or computerized tomography — is an X-ray technique that produces images of your body that visualize internal structures in cross section rather than the overlapping images typically produced by conventional X-ray exams**.**

A conventional X-ray of your mouth limits your dentist to a2-D visualization. Diagnosis and treatment planning can require a more complete understanding of a complex 3-D anatomy. CT examinations provide a wealth of 3-D information that can be used when planning for dental implants, surgical extractions, maxillofacial surgery and advanced dental restorative procedures .One benefit of CT scans is the greater chance for diagnosing conditions Such as vertical root fractures, which can be missed a significant percentage of the time on conventional films,

Ultimately helping patients avoid unnecessary additional treatment .In a nutshell, the CT scan enhances your dentist's ability to see what he/she needs to see before treatment is started.

CT scans are NOT recommended for pregnant women because of danger to the fetus.

Initial below as appropriate:

I am pregnant I am not pregnant

I am unsure whether I am pregnant

RISKS:

CT scans, like conventional X-rays, expose you to radiation. The amount of radiation you will be exposed to by the CT scan used by The Hub Dental Practice is approximately the equivalent to the exposure you would get from less than 5 days of background radiation for a small CT scan and less than 10 days for a large scan. Put another way, it's the same as the extra radiation you get on the plane when you fly to Florida for a holiday. An alternative to CT scans is conventional X-rays.

While parts of your anatomy beyond your mouth and jaw may be evident from the scan, your dentist is not qualified to diagnose conditions that are present in those areas nor will your dentist be looking for any abnormal conditions other than those normally diagnosed by a dentist involving the area of the mouth and jaw. Therefore, the mere fact that other structures are evident on the scan does not mean that they are being examined by a professional to determine whether they are normal. Your dentist is not a physician or a specialist qualified to make those determinations. We can arrange for a full report of all the images and a charge of £50.00 extra per report applies.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT AND AGREE WITH WHAT IT SAYS

DECLARATION BY PATIENT or PARENT

I acknowledge the radiologist has informed me about the procedure, other options and answered my specific queries and concerns about this matter.

I acknowledge that I have discussed with the dentist any significant risks and complications specific to my circumstances that I have considered in deciding to have this scan. I have received a copy of this form to take home with me.

Signature of patient / parent/guardian ***Date // //***

Patient name **Date of birth // //** **Investigation: CT Scan/Panoral**

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Confidential Medical History Form

Title: Forename: Surname: Date of birth: // // Sex:
Address:
Tel no: (Home): (Work): (Mobile):
Email Address (Personal): Email address (Work):
How long since received dental treatment: Occupation:
Your Doctors Name & Address:
Name of any Dental Insurance you have:

Medical Questions	Yes/No	If yes the please give details
Are you a smoker? (Smoking can seriously affect the success of dental treatment and dental health). If Yes how many a day?		
Are you attending or receiving treatment from a doctor, hospital, clinic, or specialist?		
Are you taking any medicines? (Tablets, creams, ointments, injections, inhalers or others)?		
Are you pregnant if yes give projected birth date?		
Are you taking or have you taken steroids (in any form) in the last five years?		
Have you or ever had cancer or are you taking or have you ever taken Bisphosphonates or any other drug related to cancer treatment?		
Are you allergic to any medicines, food, materials or suffer from any hay fever, eczema or any other allergy?		
Have you had rheumatic fever or chorea (St Vitus dance) or history of Infective Endocarditis?		
Have you had any history of any kind of Hepatitis, had jaundice, Liver disease, Kidney disease, Thyroid disease, had a joint replacement or carry a warning card (Heart, kidney, joint)?		
Have you had any blood tests, inoculations, etc in the last 2 years?		
Have you or any of your family been treated with growth hormone or any of your family resided with any one with NV CJD or TB?		
Have you ever had your blood refused by the blood transfusion service and if yes what was the reason?		
Have you been hospitalized? Or been treated as a day case? If “yes” what for & when?		
Have you ever been treated for depression, anxiety, sleeping disorder, panic attacks or ever had a nervous breakdown?		
Have you ever been registered disabled or had disability allowance?		
Do you suffer from ulcers, rashes, itchy skin anywhere on your body or ever get cold sores??		
Have you ever had a bad reaction to a general Anaesthetic or sedation or had a bad reaction to an injection or any other adverse reaction while having dental treatment?		
Do you have arthritis or any other problems with your joints or have you ever been treated for Osteoporosis? If yes give details of any treatment/medication in the last 5 years.		
Have you ever been told you have a heart murmur, other heart problem, angina, high or low blood pressure, have had a heart attack, have a pacemaker, or have you had any form of heart or blood vessel surgery?		
Do you suffer from bronchitis, difficult breathing, snoring or other chest condition or suffer from any breathing or sleeping disorder (COPD or Sleep Apnea)		
Do you suffer from asthma? If yes give details of any asthma medication you have taken in the last 5 years; and if yes give details of the last attack and how many attacks in the last 12 months; and if yes give details of any subsequent hospital admission or visit to casualty		
Do you experience fainting attacks, giddiness, blackouts or epilepsy?		
Are you Diabetic? If yes what type of Diabetes and list your medication?		
Have you ever had a bleeding disorder, taken Warfarin or any other anticlotting agent, or do you bruise easily or bled excessively following a tooth extraction, surgery or injury?		
Do you consume alcohol, and if yes then indicate units per week?		
Have ever been a registered drug addict or treated for substance abuse? Or do you use or have used in previous 6 months, any illegal substances (Pot, Heroin, methadone etc)		
Are there any other aspects concerning your health that you think the dentist should know about? Medical histories help to identify problems that affect your dental health		

Completed by: patient/guardian Signature: Date: