

The Hub Dental Practice 780 South Fifth Street, Central Milton Keynes MK9 2FX 775 Witan Gate, Central Milton Keynes MK9 2FW



01908 690326

reception@TheHubDentalPractice.com www.TheHubDentalPractice.com

REFERRAL LETTER FOR CT SCAN AND DIGITAL RADIOGRAPHY

Referring Dentist Details:	PLEASE NOTE THAT WE WILL NOT BE PROVIDING A RADIOGRAPHIC REPORT OF THE CT SCAN OR THE					
Dentist Name:	DIGITAL X-RAY UNLESS REQUESTED					
GDC Number:	Please read and tick the boxes:					
Dentist Email:	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.					
Practice Name and address:						
	Reason for scan and justification:					
Practice Tel. No	Dentist Signature:					
Practice Email:	Date					
Patient Details:	All scans will be parallel to occlusal plane unless otherwise specified.					
Name: DOB:						
Address:	SCAN REQUIRED					
	☐ 3D CBCT ☐ 2D- Digital Panoramic (OPG)					
Home Tel:	□ Maxilla □ Mandible					
Mobile Tel:	Specific Areas/teeth you wish us to scan and any other or					
Email:	observations you wish to make:					
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.	Please note that patients are expected to pay on the day for their scan/X-ray. Return to XrayRequest@TheHubDentalPractice.com					



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CT Scan/Panoral

Investigation:

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Patient name

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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 2-D visualizations. 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

Such as vertical root fractures Ultimately helping patients av dentist's ability to see what he	, which can be missed oid unnecessary add	d a significant litional treatm	percentage of t ent .In a nutshel	the time	on con	vention	al films,
CT scans are NOT recomme	ended for pregnant	women beca	use of danger t	to the fe	tus.		
Initial below as appropriate:							
l am pregnant □	I am not pregnant		I am unsure wh	ether I a	m preg	nant	
RISKS: CT scans, like conventional X-CT scan used by The Hub Der than 5 days of background rac the same as the extra radiatio scans is conventional X-rays.	ntal Practice is approdiation for a small CT	ximately the e scan and less	quivalent to the than 10 days fo	e exposu or a large	ire you e scan. I	would g Put ano	get from less ther way, it's
While parts of your anatomy keet to diagnose conditions that a other than those normally dia that other structures are evided determine whether they are not determinations. We can arran COSTS	re present in those ar gnosed by a dentist i ent on the scan does ormal. Your dentist is	reas nor will yo involving the a not mean tha s not a physici	our dentist be lo area of the mou ^r t they are being an or a specialis	ooking fo th and ja g examine st qualifie	or any a aw. The ed by a ed to m	bnorma refore, t profess nake tho	al conditions the mere fac- sional to ose
£95.00 for 1 CT Scan £95 for	more than 1 CT Scar	ı (at same visit) £35.00 Panor	ral (2D)			
DO NOT SIGN THIS FORM SAYS	UNLESS YOU HAVE	READ IT, UN	iderstand it	AND A	GREE \	WITH W	/HAT IT
DECLARATION BY PATIENT	or PARENT						
I acknowledge the Dentist has and concerns about this matte I acknowledge that I have disc circumstances that I have con with me.	er. cussed with the denti	st any signific	ant risks and co	mplicatio	ons spe	cific to	my
Signature of patient / paren	t/guardian		Date		//	//	

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Date of birth