



### Sharrow Dental Practice – Panorax/CBCT Scan Referral Form

Please send completed forms electronically to [sharrow.dentalsurgery@nhs.net](mailto:sharrow.dentalsurgery@nhs.net) or by post to Sharrow Dental Practice, Moulsham Street, Chelmsford, Essex, CM2 0JG

Panoral (image only) - £50.00

CBCT Scan (image only) - £105.00

CBCT Scan and radiology report - £200.00

#### Section One - Patient Details

Patient Name _____		DoB _____	
Address _____			
_____		Post code _____	
Preferred Contact Tel(s) _____			
GP Practice Name _____		Post Code _____	
Possibility of pregnancy?	Yes	No	

#### Section Two – Details of Referrer

In-house referral? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Practice Stamp (address and tel)
Name _____		
GDC Number _____		
Signature _____		
Date _____		

Section Three – Referral Details

Image requested:			
Panoral image (please circle as required)	DPT	OPG	Bitewings
CBCT image only (please circle as required)			
Maxilla only	Mandible only	Maxilla and mandible	
Please specify teeth/area _____			
CBCT scan incl radiologist report (please circle as required)			
Maxilla only	Mandible only	Maxilla and mandible	
Please specify teeth/area _____			
Justification for imaging:			
_____			
_____			
Relevant points from patient history or examination. Please enclose relevant radiographs where possible.			
_____			
_____			
Attachments			