



PRACTITIONER DETAILS

FULL NAME

PRACTICE NAME

PRACTICE ADDRESS

PHONE NUMBER

EMAIL ADDRESS

PATIENT DETAILS

FULL NAME

CLINIC DATE

PATIENT ADDRESS

DATE OF BIRTH

PHONE NUMBER

AREA TO BE SCANNED (CBCT)

Mandible Maxilla Both jaws

Possibility of pregnancy? Yes No

CBCT OUTPUT

CD-ROM

2D IMAGING

Digital Panoramic (OPG)

2D OUTPUT

Email
 Photo Paper

PAYMENT

Dentist Patient

INDICATIONS

Implants
 Bone Graft
 Impacted Teeth
 Endodontics
 Sinus Exam
 TMJ
 Oral Pathology
 Orthodontics

JUSTIFICATION FOR X-RAY

PLEASE INCLUDE FURTHER INFORMATION HERE

INDICATIONS

Radiology report (chargeable)
 Treatment plan

(A CT Implant planning fee of £60 will be charged per implant placement for planning purposes - this will also cover any further scans required)

Please be assured that we will neither approach nor accept your patient for non-referred treatment.

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