



Weybridge Orthodontics
Roadway House
35 Monument Hill, KT13 8RN
Tel: 01932 831 825

Dental CT Scan Request Form

Patient Details:

Title: First Name: Surname:
D.O.B.: Preferred Contact Method:
Address:
Postcode: Email:
Home Tel: Work Tel: Mobile:
Notes:

Referring Dentist Details:

Dentist Name: Practice Tel.:
Practice Name:
Practice Address:
Postcode: Dentist Email:
Reason for scan and justification:
Dentist Signature: GDC Number:

CT Scan Requirements:

All scans will be parallel to the occlusal plane unless otherwise specified. Scans are on CD.

Maxilla: Mandible:

Small FOV (6 x 4cm):

Centre on:

CT Scan Charges:

Single Quadrant Jaw Scan £100.00
Double Quadrant Jaw Scan £150.00

I undertake to report on the scan as required by IR(ME)R 2000/2008. (We can arrange for a radiological report of these CT images to be provided on your behalf by a radiologist. Please contact our receptionist if this extra service is required).

Dentist Signature:

Payment will be collected from patient on the day of the Scan. We are able to give the scanned CT images and supporting software on a disc to your patient at the appointment or post it to your practice. Please indicate which option you would prefer.

Please clearly specify the diagnostic aims of this scan:

Complete and return to the address below:



Roadway House
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t. 01932 831 825
e. info@weybridgeortho.com
w. www.weybridgeortho.com