

CBCT and OPG Scan request form

Patient Details:

Title: _____ First Name: _____ Last Name: _____
 Date of Birth: _____
 Address: _____
 _____ Post Code: _____
 Home Tel: _____ Mobile Tel: _____
 Email: _____

Referring Dentist Details:

Dentist Name: _____ Practice Name : _____
 Practice Address: _____
 _____ Post Code: _____
 Practice Telephone: _____ Practice Email: _____

Justification For CBCT (required under IR(ME)R 2017 (must be completed)) _____

Brief patient History: _____

CBCT Scan Requirements:

All Scans will be parallel to the occlusal plane unless otherwise specified. Standard image resolution will be supplied unless you specifically request high resolution or Endo (50x50mm FOV only)

Stent to be worn ☐ Yes ☐ No

Field of View:

☐ Full Upper ☐ Full Lower ☐ Full upper and Lower
☐ Sectional (50x50mm) Please mark area below

R	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	L
	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

OPG Requirements:

☐ Full ☐ Sectional Right Side ☐ Sectional Left Side

Patients are to pay VIDA directly, please inform them of the price. CBCT £200 OPG £69.

VIDA Dentistry for Life
 69 High Street, Fareham, PO16 7BB

01329 823040
 care@vidadentistry.co.uk
 www.vidadentistry.co.uk



DENTISTRY FOR LIFE

To view are scan you will require the Romexis software viewer.

We do not report on scans, if you do require a report you can contact 3Beam, Email: info@3beam.co.uk

Contact number: 02076378227 Web Page: <https://3beam.co.uk/>

Dentist Signature:

GDC Number

VIDA Dentistry for Life
69 High Street, Fareham, PO16 7BB

Registered in England and Wales Company Number 09450314.

01329 823040
care@vidadentistry.co.uk
www.vidadentistry.co.uk