

## 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  
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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](mailto:info@3beam.co.uk)*

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

**Dentist Signature:** \_\_\_\_\_

**GDC Number** \_\_\_\_\_

**VIDA** Dentistry for Life  
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