OPG Referral 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 OPG (required under IR(ME)R 2017 (must be completed)

OPG Requirements:

Ò Full with TMJs Ò Full without TMJs

Ò Sectional Right Side Ò Sectional Left Side

Please inform patient of the price OPG £75.

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 JM Radiology

Dentist Signature: GDC Number

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