



Gateway Dental Practice
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CBCT/OPG Referral Form

REFERRING DENTIST

Name: _____

Address: _____

_____ Post Code: _____

Tel. No: _____ Email: _____

PATIENT DETAILS

Full name: _____ DoB: _____

Address: _____

_____ Post Code: _____

Home Tel. No: _____ Mobile Tel. No: _____

Email: _____

Is the patient pregnant? Yes No

Patient to wear Radiographic Stent? Yes No

OPG (£50)

CT SCAN (£150)

Mandible Maxilla Both Single tooth & Number _____

Reason/Justification for OPG or CT scan (IRMER requirement):

I would like this patient's radiographic examination to be reported upon by your Consultant Radiologist at a cost of £150

Purpose of Examination and Interest:

Gateway Dental Practice does not routinely report upon scans and radiographs. To comply with the IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. Gateway Dental Practice strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Gateway Dental Practice offers a reporting service by a Consultant Radiologist at a cost of £150.

Referring Dentist Signature: _____ Date: _____

Gateway Dental IRMER Practitioner Approval Signature: _____ Date: _____