

RADIOLOGY DEPARTMENT – DENTAL X-RAY
PRINCESS ALEXANDRA WING
KINGSTON HOSPITAL NHS FOUNDATION TRUST
GALSWORTHY ROAD
KINGSTON UPON THAMES
KT2 7QB
Dental X-Ray tel. no.: 020 8934 3841

Referral for Dental Cone Beam CT Imaging

PATIENT DETAILS

Name:

Date of birth:

Address:

Contact telephone no(s):

IR(ME)R REFERRER DETAILS

Name:

Signature:

Date of referral:

Practice address:

Contact tel. no.:

THE CLINICAL CONTEXT FOR REQUESTING A DENTAL CONE BEAM CT EXAMINATION*

WHAT INFORMATION DO YOU WANT THE DENTAL CONE BEAM CT EXAMINATION TO PROVIDE?*

INDICATE ON THE CHART BELOW WHICH TEETH/AREAS NEED SCANNING*

Upper right								Upper left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower right								Lower left							

DO YOU REQUIRE A RADIOLOGIST'S REPORT ON THE CONE BEAM CT SCAN?

YES NO

SCAN ONLY: £100

SCAN PLUS REPORT: £150

The radiology report will be sent by post to the requesting dental practice.

If no formal report is requested, it is assumed that the referring team will take responsibility for recording any scan findings in the patient's clinical notes.

***Mandatory field**