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CLINICIAN'S REFERRAL FORM - CONE BEAM 3D DENTAL CT

Referring Clinicians are requested to fill in ALL FIELDS. This will enable us to respond quickly to any referral.

Referring Dentist:	GDC		C Number:	
Practice Name and Address:		-		
Telephone:	Email:			
Referral Date:	Clinician Signature:			
Title: Patient Name:		D.O.B	3:	
Patient Address:				
Email:	Tel:	Mob	o:	
DIAGNOSTIC CT SCAN £135 Reason for scan: Pre-Operative Diagnostic: Implants: Scans are always parallel to occlusal plane. InVivo Dental Viewer software supplied free of charge for dentists to see the results of the scan.				
Other: (Please give details)				
Which jaws would you like to be scanned? Maxilla: Mandible: Both: Sectional: Please state in box below) What would you specifically like to see?				
	UR		UL	
	LR L2		ш	
Do you require this patient to wear their radiographic stent? *IF YES. PLEASE NOTIFY YOUR PATIENT TO BRING THEIR STENT WITH THEM*				
PAYMENT METHOD:	Inv	voice to Clinician:	Patient to Pay:	
FORMAT: (PLEASE TICK ALL THAT APPLY	CD:	E-mail:	DICOM Images:	
ADDITIONAL SERVICES AVAILABLE FROM	M IDT SCANS:			
Radiologist's Report (A dental radiologist will look for unusual anatomy or	pathology)		£75 E100	
Implant Simulation (A dental laboratory technologist will illustrate possible)			£60 £90	
Implantologist's Treatment Plan (A dental implantologist will create a complete treatment plan using SIMPLANT software) £125 £225				
SIMPLANT 3D dataset with Separate Teeth	n One Quadrant	£40	£80 £140	
Options: Draw ID Nerve £45 extra STL File* £40 extra				
SIMPLANT OneShot (if you do not have your own software) £250 extra *with an .STL file you can print your own 3D model or we can print the model for you (quote based on volume)				
Surgical Drill Guides	ob moder of we can print		£225 £450	
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