

## CBCT/Radiography referral form

### PRACTITIONER DETAILS:

Name.....

Address.....

Email.....

Tel.....

Date..... Signature.....

### PATIENT DETAILS:

Title..... Forename.....

Surname.....

Address.....

DOB..... Tel.....

Possibility of pregnancy? YES / NO

### EXAMINATION REQUIRED:

Cone Beam CT

My patient will wear a stent

Digital Panoramic

Lateral Ceph

TMJ

### PURPOSE (mandatory):

### REGION OF INTEREST

#### DENTAL:

Upper jaw

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Lower jaw

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Small Volume: please use the tooth diagram

### DELIVERY OPTIONS:

Notes: e.g. specific imaging parameters/ protocols/ concerns/ medical history

CD

Email

**IRMER 2000 REGULATIONS:** To comply with IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported by the referring dentist or by a radiologist.

Angle House Goffs Oak offers a reporting service by a Consultant Radiologist.

- I have added my patient's medical history in the notes above for this radiographic examination to be reported upon by your Consultant Radiologist
- I will make my own reporting arrangements

## Standard Terms & Conditions

Angle House services and products aim at assisting professionals and patients in diagnosis and treatment planning. Angle House is not providing and is not responsible for providing any interpretation of images or clinical service such as diagnosis or treatment. Radiology reports can be ordered through Angle House; they are provided under the named radiologist's professional responsibility, not under the responsibility of Angle House.

Angle House endeavours to provide the highest quality results, however Angle House will not accept any liability for incorrect or incomplete information on the referral form or inappropriate or inadequate patient preparation which may compromise the value of the final result. By referring a patient, the referring practitioner agrees to the terms of the Angle House standard Service Level Agreement.

Angle House endeavours to dispatch the images to the referrer and /or the patient as quickly as possible. However e.g. equipment malfunction may introduce delays. Angle House reserves the right not to accept referrals in such cases.

## To be completed by patient on the day of visit

Patients who are self-paying for the service(s) that Angle House provides, need to settle their accounts on the day of their visit. If not, delay in the processing of the order or the delivery of the complete service may occur.

Patients who are not self-paying for the service(s) that Angle House provides, will have the invoice for the service(s) sent to their insurer, referrer, or third party, providing adequate documentation is given to us.

Angle House cannot accept any liability for any disagreement between patients and their insurer, referrer, or third party providing payment to Angle House on their behalf. In the event of non payment to Angle House, within 30 days of the delivery of the service, the patient is ultimately responsible for settling the invoice.

I confirm that I have read and understand the terms and conditions above.

Name

Date

Signature