

SCANNING + DIAGNOSIS + TREATMENT

CT Dental Scanning Referral Form

Patient deta	ils:		
Title:			Circle one
First Name:			Insurance/Self-Funding
Surname:			
DOB:			Insurer:
Telephone:			
Address:			Policy #:
			Office use only – Auth code:
Postcode:			
Clinical history and presentation:			
Clinical avea	ation to be anaugurad		
Clinical ques	stion to be answered:	State Charles of Mary	
Region/s to be scanned: Specific Area/s of interest:			
Region/s to	be Scailleu.	Specific Area	is of interest:
Safety check		ARE THESE IMAGES TO BE	
Salety Check			ARE THESE IMAGES TO BE
Check if the pa	tient is pregnant before refe		ARE THESE IMAGES TO BE REPORTED? Yes/No
Check if the par If "yes", please			
Check if the par If "yes", please the scanning w	tient is pregnant before refe phone to discuss. It is the ill be unable to proceed.		REPORTED? Yes/No
Check if the par If "yes", please	tient is pregnant before refe phone to discuss. It is the ill be unable to proceed.		REPORTED? Yes/No
Check if the parties of the scanning was referred etails. Referred etails. Name:	tient is pregnant before refe phone to discuss. It is the ill be unable to proceed.		REPORTED? Yes/No ARTHROGRAM? Yes/No
Check if the parties of the scanning was referred etails. Referred etails. Title: Name: Practice / Site:	tient is pregnant before refe phone to discuss. It is the ill be unable to proceed.		REPORTED? Yes/No ARTHROGRAM? Yes/No Signature:
Check if the paraller search of the scanning was represented by the scanning was represented b	tient is pregnant before refe phone to discuss. It is the ill be unable to proceed.		REPORTED? Yes/No ARTHROGRAM? Yes/No
Check if the parties of the scanning was referred etails. Referred etails. Title: Name: Practice / Site:	tient is pregnant before refe phone to discuss. It is the ill be unable to proceed.		REPORTED? Yes/No ARTHROGRAM? Yes/No Signature: Date:
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Check if the paralled if "yes", please the scanning was referred eta Title: Name: Practice / Site: Speciality: Address: Telephone:	tient is pregnant before refe phone to discuss. It is the ill be unable to proceed.	expectation that	REPORTED? Yes/No ARTHROGRAM? Yes/No Signature: Date: If reported, how would you like the report sent to you? Email to undergo an XR examination ver 28 days since the end of my last
Check if the parall f "yes", please the scanning was referred eta Title: Name: Practice / Site: Speciality: Address: Telephone: Ladies Only LMP Date:	tient is pregnant before reference phone to discuss. It is the ill be unable to proceed.	I confirm I wish despite being o menstrual perio	REPORTED? Yes/No ARTHROGRAM? Yes/No Signature: Date: If reported, how would you like the report sent to you? Email to undergo an XR examination ver 28 days since the end of my last

Please email completed forms to imaging.guernsey@firstcontacthealth.com