OLD COURT HOUSE

Dental Practice
277 High Street, Dorking, Surrey RH4 1RY
Telephone No: 01306 885611
Email: info@oldcourthousedental.co.uk

Cone Beam CT Scan/OPT Referral Form

PATIENT DETAILS
Title:
First Name:
Last Name:
Address
D.O.B
Home No:
Mobile No:

REFERRING DENTIST DETAILS
Name:
Practice:
Practice Address: Telephone No:

Medical History (including Medications):

Required Scan (No reporting)

- 0 Digital OPT
- 0 Cone Beam CT Scan – Maxilla
- 0 Cone Beam CT Scan – Mandible
- 0 Cone Beam CT Scan – Both Jaws
- 0 Cone Beam CT Scan – Sextant

(please indicate tooth at the centre of sextant)

Clinical Justification:

Referring Clinician Signature and Date: