RHIWBINA DENTAL

**CBCT (3D scan)**
**Sirona Galileos**

| |
|---|
| Referring IRMER practitioner name:<br>Practice address:<br>Practice contact number:<br>Email address: |

| | |
|---|---|
| Patient name: | |
| Patient address: | |
| Preferred contact number: | |
| Email address: | |
| Date of birth: | |
| I, the patient agree to be referred to Rhiwbina Dental for digital imaging as requested by my dentist and I have had the reasons for my referral explained to me.<br>Signed:<br>_____ | |

**This section MUST be completed IN FULL by the referring dentist only**

**PLEASE TICK** OPG ☐ Cone Beam CT ☐ Radiography Report Required? Yes/No

**Justification for radiograph (this section must be completed)**

Define the anatomical area that you would like the scan to cover, see example below.
*i.e. UL4 pre-assessment for possible implant treatment.* 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

**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**

***Please circle the area(s) to be scanned***

| | | | |
|---|---|---|---|
| Please tick: | Patient to pay at visit ☐ | Invoice referring practice ☐ | |
| Please tick: | Patient to take image away with them ☐ | Send image to referring practice ☐ | |
| Signature of referring dentist: | | | |

**The CBCT image will be reported on by the referring dentist unless radiography report is requested.**

Important information: it is essential that you complete all sections of this form in full. All incomplete forms will be returned to the referring dental practice, which may result in a delay in your patients' treatment.
Unless requested, as per your service level agreement dental CBCT images will be reported on by the referring practice. The referring practice will be responsible for ensuring the clinical evaluation takes place and is properly recorded.

T: 029 2062 6551
E: reception@rhiwbinadental.com
www.rhiwbinadental.com

Rhiwbina Dental Surgery Limited
Registered No. 06795234
Registered office: Celtic House,
Caeton Place, Pentwyn,
Cardiff CF23 8HA