



3 King Square
Bridgwater
Somerset
TA6 3DG

<https://kingsquaredentalpractice.co.uk>

Imaging Referral Form *Please fill all sections*

Referred By:

Name: _____
Practice: _____
Address: _____
Postcode _____
Email: _____

Patient Details:

Title _____ Forename _____
Surname _____
Address: _____
Postcode _____
DOB ____/____/____

(required to receive a link of the scan) Tel: _____

Tel: _____

Date ____/____/____

Possibility of pregnancy? YES/NO

Signature _____

Examination Required

Cone Beam CT Digital Panoramic

Purpose: (mandatory) _____

Please complete this section for Cone Beam CT only

Radiographic Stent provided to the patient: Yes/No **Dual Scan Technique required:** Yes/No

Scan of impression or model required (no additional cost): Yes/No

Addition of radiographic markers on the patient's stent/denture required (at additional cost): Yes/No

Medical History (Required if you would like to use reporting service by a Consultant Radiologist)

Please indicate area of interest

Maxilla Both jaws
 Mandible Small Field of View: please use the tooth diagram

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

Software and image delivery

You will receive an email containing a link to the CBCT viewer and the Dicom Files.

Panoramic x-rays will be delivered directly to your email.

Please make sure to provide a valid email address with your referral.

IRMER 2000 Regulations: King Square Dental Practice does not routinely report upon scans or radiographs. To comply with the IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. King Square Dental Practice strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. King Square Dental Practice 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.



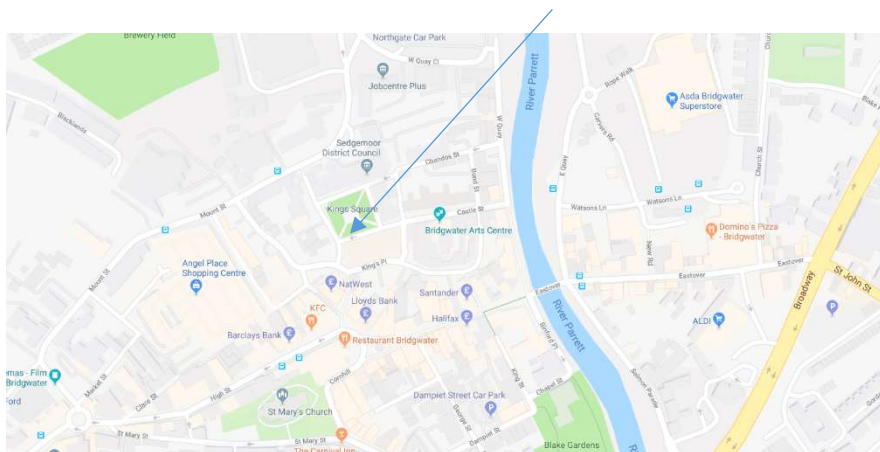
KING SQUARE Dental Practice

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Bridgwater
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Call us : 01278 422555

Email: info@kingsquaredentalpractice.co.uk

www.kingsquaredentalpractice.co.uk



Please call to arrange an appointment

Access to our dedicated radiography room is on the ground floor. Please ask at Reception for the disabled ramp if required.

Examinations will take 30 minutes, please arrange car parking to allow for this.

Payment is accepted by all major credit cards and cash.

Standard Terms and Conditions

King Square Dental Practice services and aims at assisting professionals and patients in diagnosis and treatment planning. King Square Dental Practice 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 King Square Dental Practice; they are provided under the named radiologist's professional responsibility, not under the responsibility of King Square Dental Practice.

King Square Dental Practice endeavours to provide the very highest quality results, however King Square Dental Practice 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 results.

King Square Dental Practice endeavours to despatch the images to the referrer and/or the patient as quickly as possible, however e.g. equipment malfunction may introduce delays. King Square Dental Practice reserves the right not to accept referrals in such cases. Also, King Square Dental Practice cannot guarantee when radiology reports will be available to the referrers as they are services that we outsource. King Square Dental Practice must be notified 24 hours in advance of the patient's visit to the premises if a particular urgent service is required.

***To be completed by the patient on the day of the visit:**

Patients 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. If a report by a Consultant Radiologist is requested from your dentist, you will be invoiced for it separately.

King Square Dental Practice cannot accept any liability for any disagreement between patients and their insurer, referrer, or third party providing payment to King Square Dental Practice on their behalf. In the event of non-payment to King Square Dental Practice, within 2 months of the delivery of the service, the patient is ultimately responsible for settling the invoice.

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

Name _____ Date _____ Signature _____