

PRACTITIONER DETAILS & DELIVERY ADDRESS

Name of Practitioner:

Practice name:

Address:

Telephone:

Email:

PATIENT DETAILS

Appointment Date: / /

Time:

Forname:

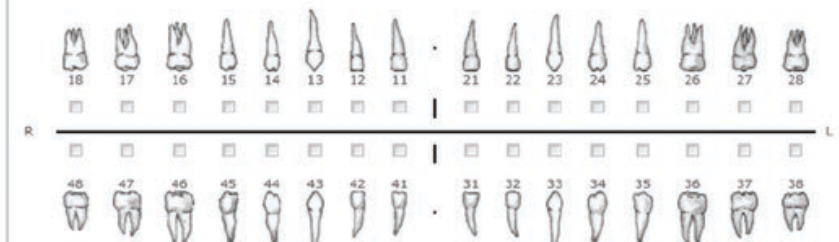
Surname:

Date of Birth: / / Male Female

Telephone:

AREA OF INTEREST CBCT ONLY

Mandible
 Maxilla
 Both Jaws
 Sectional/quadrant



(If no teeth are selected the whole jaw will be scanned)

Is the patient coming with a radiographic template? Yes No

Is the patient possibly pregnant? Yes No

Do you wish to use existing denture as a scanning appliance? Yes No

OUTPUT

CD-ROM £10 Charge
 FTP & Email

2D IMAGING

Digital Panoramic (OPG)
 Extra Oral Bitewings

PAYMENT

Doctor
 Patient

CLINICAL INDICATIONS: (mandatory)

Signature:

JUSTIFICATION FOR X-RAY

Implants
 Sinus Exam
 DICOM Files

Bone Graft
 TMJ

Impacted Teeth
 Oral Pathology

Endodontics
 Ortho

General Directions:
 Congleton Rd, Talke, Stoke-on-Trent
 Head north-east on Congleton Rd/A34 towards Woodshutt's St Turn right onto Liverpool Rd E/A50
 Destination will be on the right

Kidsgrove Dental & Implant Centre
 79 Liverpool Rd, Kidsgrove, Stoke-on-Trent
 ST7 4EW

Street parking or car parking space near the Town Hall in Kidsgrove.



The Radiographer at **Kidsgrove Dental & Implant Centre** will take a scan with the lowest dose, smallest field of view and best resolution, according to the area of interest and clinical indications, in line with IR(ME)R and ALARP. The age, anatomy and physical build of the patient are all dependent factors.