**CBCT SCAN REFERRAL FORM**

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| --- | --- | --- | --- | --- |
| **PATIENT DETAILS** | | | | |
| Patients Title and Name | Age of patient in years | | Sex | Date of Birth (DD/MM/YY) |
| Patient Address | | | | |
| Mobile Telephone Number | Home Telephone Number | | E-mail address | |
| **REFERRAL INFORMATION** | | | | |
| Referring Dentist Name | Referring Dental Practice | | Date of decision to refer | |
| GDC Number of referring dentist |  | | | |
| **TREATMENT REQUESTED** | | | | |
| Scan Justification: ..................................................................................................  5x5 FOV Maxilla  5x8 FOV Mandible  8x9 FOV  Tooth  Brief description of treatment required:  ...........................................................................................  ..........................................................................................  .........................................................................................  .........................................................................................  .........................................................................................  ......................................................................................... | | | | |
| **PATIENT CONSENT TO REFERRAL** | | | | |
| Has the patient understood and consented to the referral?  Yes No | | Is the patient aware of the £160 fee?  Yes No | | |
| **CONFIRMATION AND SIGNATURE OF REFERRING DENTAL PRACTITIONER** | | | | |
| Print Full Name..............................................................................................  Signature...................................................................................................... | | | Date.......................................... | |

Please send all referrals to the following address:

Referral Centre  
Alchemy Dental Practice  
203 Edleston Road  
Crewe  
Cheshire  
CW2 7HT

Telephone: 0127021171

Alternatively, referral forms can be emailed using the email address: [tco@alchemydental.co.uk](mailto:tco@alchemydental.co.uk) with ‘External Referrer’ in the subject line.

Appointments will be allocated dependent upon need and availability