

CONE BEAM CT IMAGING REFERRAL

Patient Details

Surname: First Name: D.O.B:

Address:

Email:

Tel Home:

Tel Mobile:

Reason for Referral

Scan Requested

Maxilla 6cm scan Mandible 6 cm scan

2 arch 8cm scan 2 arch 13 cm scan

ALL SCANS ARE CARRIED OUT PARALLEL TO THE OCCLUSAL PLANE

Format Options

i-CAT vision (incl software) 1 jaw	£ 200.00	<input type="checkbox"/>	Both Jaws £250.00	<input type="checkbox"/>
SimPlant Planner: 1 jaw	£ 295.00	<input type="checkbox"/>	Both Jaws £410.00	<input type="checkbox"/>
SimPlant Advanced: 1 jaw	£ 475.00	<input type="checkbox"/>	Both Jaws £630.00	<input type="checkbox"/>
SimPlant OneShot (additional fee per SimPlant case)	£200.00	<input type="checkbox"/>		

Referrer Details

Dentist: GDC no:

Address:

Email:

Tel Practice:

Tel Other:

Fax:

Signature:

Payment method

Patient pays (cash/card only) Invoice to dentist

Please send, fax or email the completed form to New Tec Dental Scanning Coordinator. We will contact the patient to arrange a mutually convenient appointment.

All i-CAT Vision images are supplied to you on CD ready for you to view on your own PC.

All SimPlant images are supplied via IDT Imaging unless you specify otherwise.