

## PRACTITIONER DETAILS & DELIVERY ADDRESS

Name of Practitioner:

Practice name:

Address:

Telephone:

Email:

## PATIENT DETAILS

Appointment Date: / / Time:

Forename & Surname:

Date of Birth: / /  Male  Female

Telephone:

PAYMENT  Doctor  Patient

## AREA OF INTEREST CBCT ONLY

Is the patient coming with a radiographic template?  Yes  No

Is the patient possibly pregnant?  Yes  No

Mandible

Maxilla

Both Jaws

Sectional/  
quadrant

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

## INTRA ORAL SCANNING - TRIOS 3 COLOUR

Digital Impression  Orthodontic Aligners

Mandible  Maxilla  Both Jaws

Radiographic Template

Please tick the radiopaque area required

IMAGES WILL BE RETURNED IN STL FORMAT

## CBCT FORMAT

PACS Cloud Viewer (no software download, works on any device including mobile & tablets)

i-CAT Vision  DICOM Files  Romexis Viewer (Mac & Windows)

SimPlant Planner  SimPlant OneShot  SimPlant View

MGUIDE  iDent Protocol  Nobel-Guide

## CBCT OUTPUT

Cloud & Email  CD  Photo Paper

## EXTRAS

Express Processing  Extra copy  Pathology Report  Radiology Report

## CLINICAL INDICATIONS: (mandatory)

Signature:

## 2D IMAGING

Digital Panoramic (OPG)

Digital Cephalometric

Ceph Tracing Report

## 2D OUTPUT

FTP & Email

PACS Cloud Viewer

Photo Paper



The Radiographer at CT Dent 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.