The Dental Practice

6 Southdown Road, Shoreham-by-Sea, West Sussex, BN43 5AN | Tel 01273 452947 | Email: info@shorehamdentist.co.uk

# OPG REFERRAL FORM

## Patient Details

Title _____

First name _____

Surname _____

Date of birth _____

Tel (Home) _____

Tel (Work) _____

Tel (Mobile) _____

Email _____

Address _____

_____

Postcode _____

## Justification for scan (IRMER 2000):

Implant treatment planning (assessment of position of anatomical structures, bone quality and quantity): ☐

Orthodontic assessment and planning: ☐

Impacted teeth assessment: ☐

Endodontic assessment: ☐

TMJ: ☐

Other (Please specify): _____

_____

_____

_____

_____

**Cost: £45**

## TO BE COMPLETED BY THE REFERRING PRACTITIONER:

This will act as the practitioner's signature: I hereby authorize The Dental Practice to carry out an OPG on my behalf. When scanning guides are used, these guides will be prepared in advance by the referring dentist and given to the patient to bring to the appointment.

The results of the scan will be returned via email or on disc. I am responsible for assessing the data and referring to the necessary specialties as clinically indicated.

The Dental Practice and the Operator will not be responsible for assessing the OPG for the suitability of treatment or for ultimately identifying and referring pathology; by referring the patient I am accepting this responsibility. The HPA CRCE-010 guidelines suggest that attendance of Radiology Training Courses are deemed a regulatory requirement for all users of radiographs, including those who are simply referring patients for acquisition of an OPG. I accept that it is my responsibility to obtain the necessary qualification in order to refer and evaluate the data requested by me and provided by The Dental Practice. Alternatively I will arrange for a Consultant Radiologist to rule out coincidental pathology.

Referring Practitioner: _____

Practice Name: _____

Address: _____

_____

Postcode: _____

Telephone: _____

Email: _____

GDC: _____

Additional Comments: _____

_____

_____

Your Signature _____

Date _____

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