Balbirnie Oral Care –Radiographic Exposure Request

Patient Name:…… D.O.B……
Address:……
……
Tel No: …… Postcode:……

Type of radiographic exposure: Full mouth OPT ○ Half OPT ○(state RHS/LHS_____)
Full mouth CBCT ○ Single arch CBCT ○(state U/L) ____ Block CBCT ○(state area_____)

Clinical content for requesting this radiographic exposure:

Relevant results of history, clinical examination and other imaging:

What information do you want the radiographic exposure to provide?:

Define the anatomical area that the radiographic exposure should cover:

I can confirm that I am trained and competent in dental alveolar reporting and will report and record on this radiographic exposure appropriately.

I can confirm that I would like Balbirnie Oral Care to provide a report on this radiographic exposure at an additional fee of £15 to the patient.

Referrer's name:……Designation:……
Address:……
……Tel: …… Postcode:……
NHS Fife List Number:……

Referrer's signature:…… Date:……

Justification of the medical exposure will be carried out in accordance with the Royal College of Radiologists guidelines.
BOC use only – Justified and authorised by: …… and exposed by: …… Date:……

Please complete this form and send it with the patient to their appointment.
The patient may use our drop in service on Tuesdays or Fridays at 4pm should they not have an appointment. Skeleton service runs during school holidays so please check availability in advance by messaging via our website or calling.

www.balbirnieoralcare.co.uk 01592 759593