

Woodhouse Radiograph Referral Form



Telephone: 02083689229 Address: 229A Woodhouse Road, Friern Barnet, London N12 9BD
Website: www.woodhousedental.co.uk

Referred By:

Name of the Practitioner: _____

Practice Name: _____

Address: _____

Telephone: _____

Email: _____

Date: _____

Signature: _____

Examination Required: _____

Patient Details:

Title: _____

Forename: _____

Surname: _____

Date of Birth: _____

Address: _____

Telephone: _____

Email: _____

Justification (mandatory).....

.....

Radiographic Stent Supplied to Patient

Radiographic Stent Sent to the Practice

Region of interest:



Indicate teeth or area of interest:

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

- CBCT Upper jaw-£170
 - CBCT Lower jaw-£170
 - CBCTBoth Jaws-300
 - Small volume-£100
 - Left Bitewing-£30
 - Right Bitewing-£30
 - OPG £50
 - Other
- Please use the diagram

IRMER 2000 Regulations: Woodhouse Dental Practice does not routinely report upon scans or radiographs. To comply with the IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. Woodhuse Dental Ppractice strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Woodhouse Dental Practice offers a reporting service by Dr M Sumair Khan.

Would like this radiographic examination to be reported upon by Dr M Sumair Khan and understand the fee.

I will make my own reporting arrangements

Patient to pay on appointment

Practice to be invoiced

On completion of the form please send it to woodhousepatient@gmail.com

PRICELIST

2D Digital Radiography

OPG Radiograph	£50.00
External bitewings	£30.00

Cone Beam CT Scanning

Small Volume	£100.00
Maxillia or Mandible	£170.00
Both Maxillia and Mandible	£300.00

Radiography Report

OPG Report/ External Bitewings	£50.00
Small Volume	£65.00
CBCT 1 Jaw	£85.00
CBCT both Jaws	£120.00

