

OPG REFERRAL FORM

<p>Patient Details</p> <p>Title: Mr Mrs Ms Miss Master Dr Prof.</p> <p>First Name: _____</p> <p>Surname: _____</p> <p>Date of Birth: _____</p> <p>Tel (Home): _____</p> <p>Tel (Work): _____</p> <p>Tel (Mobile): _____</p> <p>Email: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Justification for Scan</p> <p>Implant Treatment Planning <input style="float: right;" type="checkbox"/></p> <p>Orthodontic Assessment & Planning <input style="float: right;" type="checkbox"/></p> <p>Impacted Teeth Assessment: <input style="float: right;" type="checkbox"/></p> <p>Endodontic Assessment: <input style="float: right;" type="checkbox"/></p> <p>TMJ: <input style="float: right;" type="checkbox"/></p> <p>Other (Please specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Cost: £70</p>
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TO BE COMPLETED BY THE REFERRING PRACTITIONER

<p>This will act as the practitioner's signature: I hereby authorise Acton Vale Dental Practice to carry out an OPG on my behalf.</p> <p>The results of the scan will be returned via email. I am responsible for assessing the data and referring to the necessary specialties as clinically indicated.</p> <p>Acton Vale 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 is 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 Aura Dental. Alternatively, I will arrange for a Consultant Radiologist to rule out coincidental pathology.</p> <p>Your Signature: _____</p>	<p>Referring Practitioner: _____</p> <p>_____</p> <p>Practice Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>GDC: _____</p> <p>Additional Comments: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____</p>
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