ONE ORTHODONTICS

YOUR ORTHODONTIST. YOUR SMILE. $^{\text{TM}}$

44 High Street, Cobham KT11 3EB +44 (0)1483 971698 | info@oneorthodontics.co.uk

Private Referral: Cone Beam CT (CBCT) Scan

DIGITAL DENTO-FACIAL IMAGING

PATIENT DETAILS	
First Name*	
Last Name*	
Date of Birth*	
Address	
Postcode	
Contact Email*	
Contact Telephone*	
IR(ME)R REFERRER	DETAILS
Name*	
GDC or GMC No.*	
Signature*	
Clinic Address*	
Postcode*	
Contact Email *	
Contact Telephone	
Date of Referral*	

\sim 1	INICAL	DEACON		LIECTINIC	CONF REAM	CT CC A A I +
(1	IINIII AI	$RE\Delta \times UN$	FUR REU		(CIME BEAIM	$(\ \) \times (\ \Delta) \cap $

WHAT INFORMATION DO YOU WANT THE SCAN TO PROVIDE?*

Please confirm that the requesting clinician has had appropriate training in the interpretation of dento-alveolar CBCT and will report the CBCT images requested \star

Imaging will be available 48 hours after the scan is taken; a link will be emailed to the referring clinician for secure download.

* Mandatory information required

FOV	Exact FOV	Resolution	Voxel	Scan	Fee	Bill to (tick):	
			Size	Requested (tick)		Patient	Referrer
	50 x 50 mm	Endo	85 µm		£125		
		High	125 µm				
5 x 5 cm		Standard	200 µm				
		Low Dose Technology ™	280 µm				
	61 x 78 mm	High	200 µm		£135		
6 x 8 cm		Standard	300 µm				
		Low Dose Technology ™	320 µm				
	78 x 78 mm	High	200 µm		£145		
8 x 8 cm		Standard	300 µm				
		Low Dose Technology ™	320 µm				
	78 x 150 mm	High	250 µm		£175		
8 x 15 cm		Standard	350 µm				
		Low Dose Technology ™	400 µm				
	n 130 x 150 mm	High	320 µm				
13 x 15 cm		Standard	380 µm		£250		
		Low Dose Technology ™	420 µm				