**SMILESTYLE SIGNATURE 3D SCAN AND OPG REFERRAL FORM**

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| From : Name(Dentist) GDC No. |
| ￼ Address |
| ￼ Tel |
| ￼ Email |

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| Re : Name(Pt) |
| ￼ |
| Address |
| ￼ |
| Tel Home: Work: Mobile: |
| ￼ |
| DOB |

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| Image Required: 3D x-ray Area  OPG Other |
| ￼￼￼￼￼￼Reason for X-ray:  It has been explained to the patient the need for the x ray: yes |
| Previous X rays Taken : |

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| Medical History : |

It has been explained to the patient that to secure an appointment for the radiograph a fee is £50 and is payable upon making the appointment. This will go towards the Radiograph cost but failure to attend or cancellation of less than 48 hours will result in the loss of this fee.

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| --- |
| Date: Signature: |

For Smilestyle Use

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| Date of appointment |  |
| Radiographer |  |
| Pt understands need |  |
| Consent obtained |  |
| Type of image taken |  |
| X ray on CD or Printed |  |
| X ray sent back to |  |
| X ray sent back with |  |

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