OPG scan Refferal Form

Patients details:

Title: First name: Last neme: .

DOB: / / .

Adress: .

Postcode: .

Tel: .

Email: .

Referring Dentist details:

Dentist name Practice: .

Practice address: .

Post code: Practice Tel: .

Email: .

Reason for referral with area of interest indication:

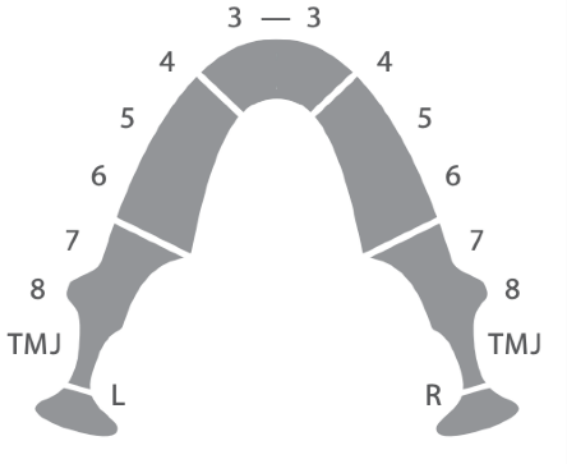
8 Symons Passage, TQ9 5YS, Totnes 01803 866 822

Scans are reported by certified radiological analysts and are highly recommended for all referrals. Purpose is detection of any pathology of the full field of view and analysis of the area of interest by the referring clinician.

OPG with report included £130
OPG without report £75

Field of view:

( ) Full Panoramic
( ) Left side only
( ) Right side only
( ) Sectional Please indicate the area on the diagram below:



Dentist signature _____.

GDC nb: _____.

Date _____.

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