ONE ORTHODONTICS

Fox House, 44 High Street, Cobham, Surrey KT11 3EB

CONE BEAM CT SCAN (OP 3D PRO) Referral Form

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

CLINICAL REASON FOR REQUESTING A CONE BEAM CT SCAN*						
WHAT INFORMATION DO YOU WANT THE SCAN TO PROVIDE?*						
Please confirm that the requesting clinician will report on this CBCT*						

^{*} Mandatory information required

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

[→] Imaging will be available 48 hours after the scan is taken; a link will be emailed for secure download.