

Latchford and Latchford

Dental Surgeons and Registered Specialists



CT Referral Form

Patient Details

Name	
Address	
Date of Birth	
Tel (Home)	
Tel (Work /Mobile)	
Email	
Comments	

Area to be Scanned

Maxilla

Mandible

Clinical Information

Reason for Scan

Type of Scan Required

4cm x 4cm scan area £140

Covers smaller areas e.g. wisdom teeth, TMJ's, unerupted canines and cysts.

8cm x 8cm scan area £310

Covers whole mandible and maxilla. Suitable for assessment of bone levels and nerve position prior to implant surgery.

The images are forwarded for reporting by the referring practitioner on a memory stick. We are pleased to assist in opening the files on the practitioner's own computer.

Signature of Referring Dentist **Date**

Address of Referring Dentist/Surgery

Please complete and submit this form by post, fax or email. We will contact your patient for an appointment.

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