



## Imaging Referral Form

### Referred By:

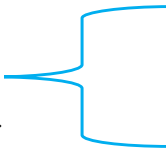
Name .....  
Address .....  
.....  
Email .....  
Tel .....  
Date ...../...../..... Signature.....

### Patient Details:

Title ..... Forename .....  
Surname .....  
Address.....  
.....  
DOB ...../...../..... Tel .....  
Possibility of pregnancy? YES / NO

### Payment: \*

Patient to pay       Medical Insurance:  
 Account to referrer       P.O. ....



Insurance company .....  
Membership No .....  
Authorisation No .....

## Examination Required:

Digital Panoramic     Digital Cephalometric:     With tracing report     3D Photography:     With clinical measurements  
 Cone Beam CT       My patient will wear a stent       Optical Scan:       Model     Wax-up

Purpose: (mandatory) .....

## Region of Interest:

Dental: 

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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Upper jaw 

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Lower jaw 

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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(if no teeth are selected, the whole jaw will be scanned)

Small Volume: please use the tooth diagram

### Maxillofacial / ENT:

Zygomas       Paranasal Sinus       Orbits  
 Right TMJ       Maxillary Sinus       Right Ear  
 Left TMJ       Frontal Sinus       Left Ear  
 Full Height       Sleep Apnea Airways

## Software Options for Cone Beam CT Scans:

CT Viewer       DICOM for (please indicate) .....       Nobel Clinician Viewer  
SimPlant Conversion:     One Shot     View     Planner     Without teeth segmentation     With teeth segmentation  
 Other .....       Please contact me to discuss options

## Delivery Options:

CD     Via cavendishimaging.com  
 Other .....

Package:  Scan + Anatomical Model  
 Scan + Dental Implant Planning

## Notes

*e.g. specific imaging parameters / protocols / scanner preference / concern / medical history*

.....  
.....  
.....

**IRMER 2000 Regulations:** Cavendish Imaging does not routinely report upon scans or radiographs. To comply with the IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. Cavendish Imaging strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Cavendish Imaging offers a reporting service by a Consultant Radiologist.

I have added my patient's **medical history** in the notes above for this radiographic examination to be reported upon by your Consultant Radiologist  
 I will make my own reporting arrangements



# CAVENDISHIMAGING

Dental and Medical Imaging, Anatomical Model Specialists

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## Walk-in and appointment service:

Monday 9:00am - 5:30pm  
Tuesday 10:00am - 5:30pm  
Wednesday 9:00am - 5:30pm  
Thursday 9:00am - 5:30pm  
Friday 9:00am - 5:30pm

**Evening appointments** may also be arranged.

Access to our dedicated radiography suite is via stairs or lift. Please ring the bell at street level for the disabled ramp.

Please allow 30 minutes for your examination.

We accept all major credit cards, cheques and cash.

Cavendish Imaging is registered with most UK insurance companies. If your insurance covers the whole examination, you will not need to pay anything on the day of your examination as we will claim these costs from your insurance directly. You just need to bring your insurance membership and authorisation number.

## Standard Terms & Conditions:

Cavendish Imaging services and products aim at assisting professionals and patients in diagnosis and treatment planning. Cavendish Imaging is not providing and is not responsible for providing any interpretation of images or clinical service such as diagnosis or treatment. Radiology reports can be ordered through Cavendish Imaging; they are provided under the named radiologist's professional responsibility, not under the responsibility of Cavendish Imaging. Data conversion (e.g. simplant, tracing) can be ordered through Cavendish Imaging but the results are not the responsibility of Cavendish Imaging.

Cavendish Imaging endeavours to provide the very highest quality results, however Cavendish Imaging will not accept any liability for incorrect or incomplete information on the referral form or inappropriate or inadequate patient preparation which may compromise the value of the final results. By referring a patient, the referring practitioner agrees to the terms of the Cavendish Imaging standard Service Level Agreement.

Cavendish Imaging endeavours to despatch the images to the referrer and/or the patient as quickly as possible, however e.g. equipment malfunction may introduce delays. Cavendish Imaging reserves the right not to accept referrals in such cases. Also, Cavendish Imaging cannot guarantee when radiology reports and data conversions will be available to the referrers as they are services that we outsource. Cavendish Imaging must be notified 24 hours in advance of the patient's visit to the imaging centre if a particular urgent service is required.

### \* To be completed by the patient on the day of visit:

Patients who are self-paying for the service(s) that Cavendish Imaging provides, need to settle their accounts on the day of their visit. If not, delay in the processing of the order or the delivery of the complete service may occur.

Patients who are not self-paying for the service(s) that Cavendish Imaging provides, will have the invoice for the service(s) sent to their insurer, referrer, or third party, providing adequate documentation is given to us.

Cavendish Imaging cannot accept any liability for any disagreement between patients and their insurer, referrer, or third party providing payment to Cavendish Imaging on their behalf. In the event of non-payment to Cavendish Imaging, within 2 months of the delivery of the service, the patient is ultimately responsible for settling the invoice.

I confirm that I have read and understood the terms and conditions above.

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_