CBCT / OPG Referral - Request form

Rejoice Dental Care

Patient Details

Title :

Name :

Surname :

DOB:

Address :

Telephone No:

Mobile :

Clinical Details

Clinical description of indication for CBCT:

Dental History:

Image required - Please select all that apply

☐	OPG	£70
☐	Sectional or quadrant to include teeth	£180
☐	Full single arch - Maxilla	£185
☐	Full single arch - Mandible	£185
☐	Dual Arch	£230

Please Note : Images will be sent via email to the practice. Kindly ensure that you have the appropriate software to view CBCT and OPG files

Referring Dentist

Dentist Name :

Practice Name:

Email Address:

Telephone Number:

Practice Address:

Rejoice Dental care
96 Ock Street
Abingdon
Oxfordshire, OX14 5DH
Phone : 01235 550855 / 07501 892662
Email : info@rejoicedental.co.uk