



CBCT / OPG REFERRAL REQUEST

To be completed by the referring dentist / clinician

Return to: Ystradgynlais Dental Lounge, 17 Commercial Street, Ystradgynlais, Swansea SA9 1HD
Tel 01639 843423 | Email reception@ystraddp.com

A. PATIENT DETAILS

Patient full name

Date of birth

NHS number / hospital no.

Address

Postcode

Telephone

Email

Language

☐ Interpreter required

B. REFERRING CLINICIAN / PRACTICE DETAILS

Practice / organisation

Referring clinician name

GDC / GMC no.

Date of referral

Telephone

Practice address

Secure email

Preferred contact for report / urgent findings

C. EXAMINATION REQUESTED AND ANATOMICAL REGION

Requested examination

☐ OPG / panoramic radiograph

☐ CBCT scan

☐ CBCT + OPG if required for localisation

Tooth number(s) / implant site(s)

Specific anatomical area

Clinical area / indication

☐ Implant planning

☐ Impacted tooth / canine / wisdom tooth

☐ Sinus / oro-antral assessment

☐ Trauma / fracture

☐ Endodontic assessment

☐ Pathology / lesion

☐ TMJ

☐ Other

Clinical question for the report / radiographic assessment

Jaw / region to be imaged

☐ Maxilla

☐ Mandible

☐ Both jaws

☐ Right

☐ Left

☐ Anterior / midline

Quadrant / arch section

Other details

D. CBCT FIELD OF VIEW, REPORT REQUEST AND REFERRER DECLARATION

Preferred FOV / scan size - final selection subject to Dental Lounge / YDP justification and ALARP/ALADA principle

Small / localised

☐ 4 x 4 cm

☐ 5 x 5 cm

Medium / arch section

☐ 5 x 8 cm

☐ 8 x 5 cm

☐ 8 x 9 cm

Extended / larger region

☐ 10 x 5 cm

☐ 10 x 10 cm

☐ 12 x 5 cm

☐ 12 x 10 cm

Report request

☐ Report requested from Dental Lounge / YDP / reporting clinician

☐ Images only - referrer accepts reporting responsibility

Report destination email

Relevant history, prior imaging and justification for why 2D imaging is insufficient

I confirm this request is made for a specific clinical question and that relevant clinical information has been provided. I understand the final exposure parameters and field of view may be adjusted under local procedures to ensure justification and optimisation.

Referrer signature

Date