



## Referral to The Implant Centre For CT Scan

**Referring Dentist:**

<b>Name</b>	
<b>Practice</b>	
<b>Address</b>	
<b>Tel</b>	

**Patient:**

<b>Name</b>			
<b>Address</b>			
<b>Tel</b>		<b>D.O.B</b>	

**Area to be scanned**       Mandible       Maxilla       Both

**Will the patient bring a scanning guide with them?**       Yes       No

When scanning guides are used, the guides must be prepared in advance by the referring dentist and given to the patient to bring to the scan appointment.

**Reason for requesting CT scan (justification required under IRME 2000)**

Raw DICOM scanning data will be returned to you via CD with a basic viewer software. You can then send the scan to CGI for formatting into SimPlant, however you will be responsible for costs incurred. See price list.

Please note: The results of the CT data will not be medically evaluated by The Implant Centre – you are required to do this and to treat your patient according to your findings.

**Signed (Dentist):** ..... **Date:** .....

**PLEASE RETURN THIS FORM TO:**  
 The Implant Centre, 61 Holland Road, Palmeira Square, Hove, East Sussex, BN3 1JN  
 Tel: 01273 766690 Fax: 01273 760080 Email: [info@theimplantcentre.com](mailto:info@theimplantcentre.com)

**Approved by TIC Dentist:** ..... **Date:** .....