

i-CAT Dental CT Examination Request Form

Patient Details

	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Address 1	<input style="width: 100%;" type="text"/>
First Name	<input style="width: 100%;" type="text"/>			Address 2	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>			City/Town	<input style="width: 100%;" type="text"/>
D.O.B.	--day / month / --year--			Postal Code	<input style="width: 100%;" type="text"/>
Home Telephone	Work Telephone		Mobile		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		

Referring Practitioner Details

	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Address 1	<input style="width: 100%;" type="text"/>
First Name	<input style="width: 100%;" type="text"/>			Address 2	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>			City/Town	<input style="width: 100%;" type="text"/>
GDC Number	<input style="width: 100%;" type="text"/>			Postal Code	<input style="width: 100%;" type="text"/>
				Telephone	<input style="width: 100%;" type="text"/>
Signature	<input style="width: 100%;" type="text"/>			Fax	<input style="width: 100%;" type="text"/>

Examination Request

Please tick area(s) for CT scan	Maxilla <input type="checkbox"/>	Mandible <input type="checkbox"/>
Imaging Stent Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Image Management

CT scan pdf format on CD	<input type="checkbox"/>
Simplant planner	<input type="checkbox"/>
CT scan dicom file (for NobelGuide)	<input type="checkbox"/>

Proposed treatment – please detail proposed treatment eg site of implants, number of implants, augmentation site, donor site, sinus etc on next page.

Tel: 0141 585 2700 Fax: 0141 585 2702

42 + 44 Kilbowie Road, Clydebank, G81 1TH

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Proposed Treatment Detail Page

Proposed treatment – please detail proposed treatment eg site of implants, number of implants, augmentation site, donor site, sinus etc.

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