



Enhance Dental Crawley
www.enhancedentalcrawley.co.uk
Email: info@enhancedentalcrawley.co.uk
Tel: 01293 514030

CBCT –Referral Form

Please make a referral by completing the form below and sending back to us using the contact details above. If you Have any questions, please feel free to give us a call on 01293 514030

Patient Details	
Name	
DOB	
Address	
Telephone	
Email	

Referring Dentist Details	
Name	
GDC No.	
Practice address	
Telephone	
Email	
Signature	

Scan Details		
Type of Scan	<input type="checkbox"/> Cone Beam CT	<input type="checkbox"/> OPG
<input type="checkbox"/> Mandible (lower jaw) <input type="checkbox"/> Maxilla (upper jaw) <input type="checkbox"/> Both Jaws (if no teeth specified, full jaw will be scanned)	Justification for Scan	

Fees			
Please indicate who will pay for scan	<input type="checkbox"/> Patient	<input type="checkbox"/> Referrer	
Price For Scan	<input type="checkbox"/> £175 per arch	<input type="checkbox"/> £250 both	<input type="checkbox"/> £95 OPG

Medical History

Signed - Referring Dentist	Date