Hospital Lane Dental and Implant Clinic
Lord Lees Grove
Blue Bell Hill
Kent ME5 9PE
Tel: 01634 842566
Email: reception@hospitallane.com
Web: www.hospitallane.com

In safe hands

Referral for Panoramic/Lateral Cephalometric Radiographs

Patients Name: ..... D.o.B. .....

Address: .....

.....

Telephone No. (H) ..... (M) .....

Referring Dentist: .....

Practice Address: .....

.....

Email Address*: .....

*The provision of your email address is essential for Dental Imaging Referrals, as panoramic and cephalometric radiographs are returned via email.

If you require the image on a disc, there is an additional cost of £10. Please tick box ☐

Telephone No. .....

The Clinical Context for requesting a Panoramic/Lateral Cephalometric Radiograph
i.e.Unerupted Teeth, Orthodontics

.....

Please indicate which teeth/areas require scanning in particular

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

Justification

Name and Signature of IRMER/Referring practitioner: .....

.....

Scan Information

Name and Signature of HLDC Operator: .....

Date of Scan: .....

Exposure factors used: .....

Clinical Evaluation (Reporting) The Referring Practice is responsible for insuring the clinical evaluation (reporting) of the radiograph takes place and is properly recorded.

Panoramic and Lateral Cephalometric Radiographs are sent to the Referring Practice by Email.