

Practitioner Name

Practice Name

Phone

Email

Address

GDC Number

Patient Name

Date of Birth

Phone

Mobile

Email

Address

Postcode

Preferred Contact

Phone

Mobile

Email

CBCT Examination Required

Small Sectional Scan (5x5cm) £150
 Both Arches £275

One Arch £225
 Report on Scan £50

Area of Interest

Clinical Indication

Signature

Date