

## I-CAT SCANNER REFERRAL FORM

### REFERRAL DENTIST DETAILS

Dentist Name

Signature

Practice Name

Contact Details

  
  

Email

Tel

Fax

Have you referred a patient to our practice before?

YES  NO

To receive an i-CAT Scan referral discount you need to have referred at least two patients for treatment to Central England Referral Centre within the last 12 months.

### I-CAT EXAMINATION REQUIRED

Panoramic

Cone Beam CT parallel occlusal plane / lower border palate

Upper jaw  Lower jaw

Orthodontic  TMJ

Other

### DELIVERY OPTIONS

SimPlant  Nobelguide

i-CAT Vision  Other – please specify

CD  Email  Printed Version

### PATIENT DETAILS

Title Name

Contact Details

  
  

Tel

D.O.B.

The i-CAT scan must be paid for before treatment by patient or referring dentist, please indicate below who is responsible for the payment.

REFERRING DENTIST  PATIENT

Brief Patient Clinical Situation

  
  
  
  
  
  
  
  
  

**To the Radiographer: Please send DICOM data to  
IDT Scans, 53 Windermere Road, Ealing, London W5 4TJ**

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