

## Imaging Request Form.

Patient Surname	
Forename	
Male/Female	
Date of Birth	
Address	
Postcode	
Contact Tel no:	
Referring Clinician	
Address	
Postcode	
Examination required: Please tick type opposite	OPG cost £50
	Ceph cost £70
	CBCT cost £180
Reason for request. Sufficient information to justify the request must be entered or the radiograph cannot be taken	
Additional information: Including relevant medical history Copy required Please tick (email must be to a secure nhs.net Account)	paper
	email
	USB
Clinicians signature	
<b>Fee for radiograph needs to be paid when appointment is arranged</b>	