



Broadway Dental Clinic
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CBCT REFERRAL FORM

Patient Details

Title	
First Name	
Second Name	
Date of Birth	
Address Postcode	
Telephone	
Email	
Possibility of pregnancy	

Referrer Details

Referrer Name	
GDC Number	
Practice Address Postcode	
Telephone	
Email	
Date of referral	

Image Required

OPG - £ 65 ☐

CBCT (please tick which image is required) - £140 without report. From £250 with report from Radiologist.

Maxilla and mandible ☐

Maxilla Only ☐ Mandible Only ☐

Limited Volume ☐

Please specify teeth/area:

Justification for radiograph

Referrer Signature

Date:

Please note: All CBCT radiographs will be given to the patient on a USB thumb drive for them to take away and the OPG radiographs will be sent via email.