THE
OAKWOOD
CLINIC

RADIOGRAPH REFERRAL FORM

Patient details

Title: __________
First Name: _____________________________________
Surname: ____
Date of Birth: ____________________________________

Address: ____
____
____
____

Telephone number: ______________________________
Email address: __________________________________

Patient consent for :
☐ **OPG**
☐ **Lateral Ceph**

I_ (patient/parent name) ___________________________________

☐ **consent to having the above X-ray(s) at the request of my dentist.**

☐ **give consent for** _________________________ **who is unable to consent for themselves, to have the above X-ray(s) at the request of their dentist.**

Signature (patient/parent): ____________________________
Date: ______________________________

Referrer details:
Referring practitioner Name:___________________________
Referring practitioner GDC no:_________________________

Practice name: _______________________________________
Practice Address: ____________________________________
____
____

Practice telephone number: _____________________________
Practice email address: _________________________________

Dear The Oakwood Clinic
Please take the following radiograph(s):

☐ OPG £40

☐ Lateral ceph (without tracing) (£50)

☐ Lateral ceph with Eastman analysis £100

Justification for request *(must be completed)*:

____
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Additional comments:

____
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______

I understand that The Oakwood Clinic will not be responsible for the assessment of data, suitability for treatment or identifying and referring for pathology. I accept it is my responsibility to obtain the necessary qualifications to refer and assess the data.

A payment will be made to The Oakwood Clinic on the day of exposure, by the above named patient.

Referrers name:___________________
Referrers signature: ________________
Date: ____________________________

The radiograph will be taken by one of the GDC registered dentists at The Oakwood Clinic, or by Michelle Best (GDC no 238976), certified orthodontic nurse, who has completed the appropriate Radiography certificate and is competent to process the requested radiograph(s).