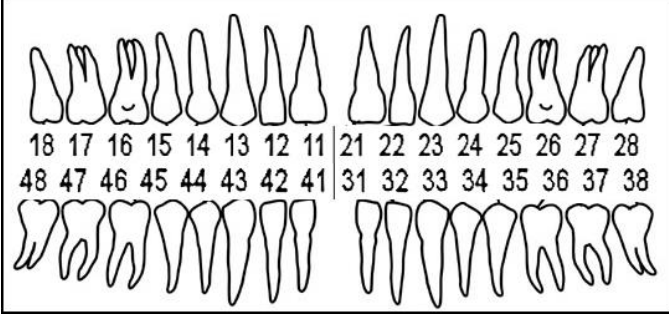


Practitioner Details:

Patient Details:

Referring Dentist	Surname
Practice Name	First Name/s
Address	Address
Postcode	Postcode
Telephone	Tel: Home
Email	Mobile
Date of Referral	Email
Signature	Date of Birth
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>

Has the patient had informed consent to Diagnostic Procedure; Yes No



Area of Interest CBCT Only

Mandible

Maxilla

Both Jaws

Please select an area; otherwise the whole jaw will be scanned.

Is the patient attending with Radiographic template? **Y / N**

Is the patient pregnant? **Y / N**

Image sensor size is 5cm x 5cm.

Large Arches may require multiple scans

2D IMAGING

2D OUTPUT

Digital Panoramic (OPG) Email & Dropbox CD with viewer Photo Paper

CBCT OUTPUT

CD-Rom FTP & Email Photo Paper (Extra Fee £15)

CBCT FORMAT

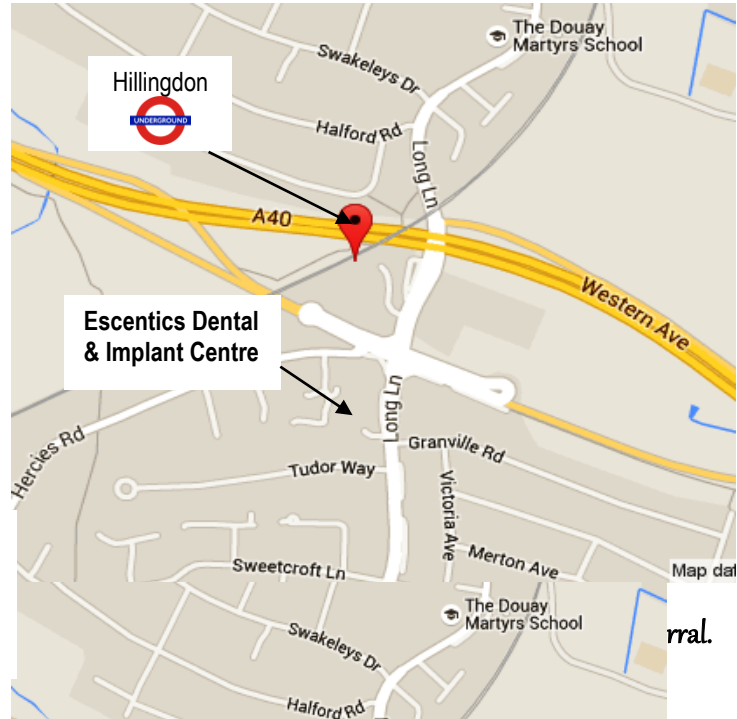
Kodak DICOM files EasyDent

REASON FOR EXTRA RADIOGRAPHS

- | | |
|---|--|
| <input type="checkbox"/> Implants | <input type="checkbox"/> Extra Copy |
| <input type="checkbox"/> Bone Graft | <input type="checkbox"/> Radiology Report |
| <input type="checkbox"/> Sinus Graft | <input type="checkbox"/> Pathology Report |
| <input type="checkbox"/> Impacted Teeth | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Anatomical 3D Model |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Orthodontics | |

CLINICAL INDICATIONS

HOW TO FIND US



Escentics will take a scan with the smallest field of view, lowest dose and best resolution according to area of interest for the scan. Dependent factors are the age, physical size, the anatomy, and body mass of a patient.