

PATIENT AND SCAN DETAILS

Patient name

Date of birth

Patient ID

Date of scan

Date of report

Field of view (cm)

Region scanned

CLINICAL INFORMATION

Reason for scan and clinical question

Relevant history

Previous imaging reviewed

Image quality

☐

Diagnostic

☐

Limited by:

FINDINGS

Region of interest

Teeth

Periapical tissues

Alveolar bone

Mandible, including inferior
alveolar canals

Maxilla

Maxillary sinuses and nasal cavity

CBCT report (continued)

Temporomandibular joints

Airway

Cervical spine

Other structures and soft tissue calcifications

Incidental findings

MEASUREMENTS (IF REQUESTED)

Site	Bone height (mm)	Bone width (mm)	Distance to nearest vital structure (mm)

CONCLUSION AND RECOMMENDATIONS

Conclusion (number each point)

Recommendations, including any onward referral

Regions not in the field of view

The entire scanned volume has been reviewed.

SIGN-OFF

Reported by

Qualifications

GDC / GMC number

Signature

Date