

Referral Form

Online booking for patients now available at: [3Beam.co.uk](https://3beam.co.uk)

PRACTITIONER DETAILS AND DELIVERY ADDRESS

Name of Practitioner

Practice Name

Address

Telephone

Email

PATIENT DETAILS

Forename and Surname

Date of Birth / / Male Female

Telephone

PAYMENT

Doctor's Credit Card Invoiced to Doctor Patient

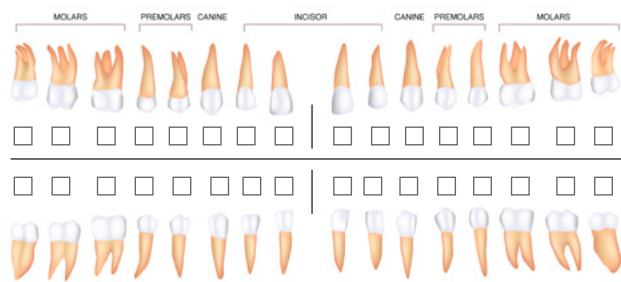
AREA OF INTEREST CBCT ONLY

Is the patient coming with a radiographic template? Yes No

Is the patient possibly pregnant? Yes No

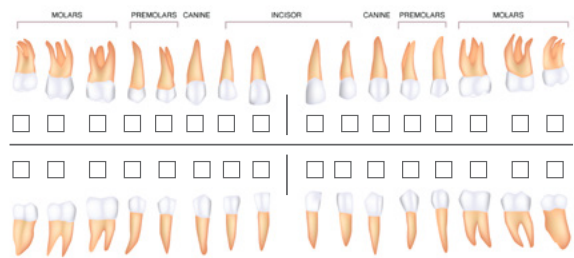
Mandible Maxilla Both Jaws Sectional/quadrant

Include TMJs Radiology Report (+£90)



(If no teeth are selected the whole jaw will be scanned)

Radiographic Template



IMAGES WILL BE RETURNED IN STL FORMAT

CBCT FORMAT

DICOM ROMEXIS

2D IMAGING

Digital Panoramic (OPG) Lateral Cephalometric

Ceph Tracing Report

CLINICAL INDICATIONS (Mandatory)

Signature



The Radiographer at 3Beam will take a scan with the lowest dose, smallest field of view and best resolution, according to the area of interest and clinical indications, in line with IR(ME)R and ALARP. The age, anatomy and physical build of the patient are all dependent factors.