

Referral Form

Implant placement and restoration	
Implant placement and refer back	
Invisalign	
Cone Beam CT scan (CBCT)	
Panoramic x-ray (OPG)	

*** IR(ME)R Regulations:**

To comply with the regulations, all radiographs must be clinically evaluated to rule out the possibility of coincidental pathology. **Smile Avenue does not report on dental scans or x-rays;** by referring for dental imaging, **the referrer accepts the responsibility** for arranging reporting. By referring patients for the X-ray or CBCT Scan Smile Avenue assume that the referring clinician has got the required training and experience to read, understand and report on the scans or radiographs.

Patient:

Name	
DOB	
Address	
Tel no	
Email	
Additional information, Clinical Indications (Justification for the Radiograph)	

Referring dentist:

Name	
Practice name, Address	
Tel no	
Email	
Date	