



Scan request (Kodak 9000)

Referring Dentist	
Referring practice address	
Date Referred	
Date seen at practice	
Patients name	
Patients D.O.B.	
Patient address	
Land line and mobile telephone no's	
Relevant Medical History	

Instructions to Operator (3D Area To Be Scanned)



The scan volume is a cylinder with 50mm diameter and 37mm height. Please indicate the area to be scanned or whether a full arch is needed.

Reason for Scan / Proposed Treatment



Mandible Maxilla Full Arch

Please tick image requested:

CT scan	OPG
---------	-----

Please tick

Patient to pay at visit	Patient to take image away with them
Invoice the practice	Send image to the practice